PREA Facility Audit Report: Final

Name of Facility: Milwaukee Secure Detention Facility
Facility Type: Prison / Jail
Date Interim Report Submitted: NA
Date Final Report Submitted: 12/12/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	■
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	■
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	■
Auditor Full Name as Signed: Yvonne Gorton	**Date of Signature:** 12/12/2022

AUDITOR INFORMATION	
Auditor name:	Gorton, Yvonne
Email:	yvonnegorton@yahoo.com
Start Date of On-Site Audit:	10/25/2022
End Date of On-Site Audit:	10/26/2022

FACILITY INFORMATION	
Facility name:	Milwaukee Secure Detention Facility
Facility physical address:	1015 North 10th Street, Milwaukee, Wisconsin - 53205
Facility mailing address:	1015 N. 10th Street, Milwaukee , Wisconsin - 53233

Primary Contact	
Name:	Steve Johnson
Email Address:	StevenR.Johnson@wiscsonsin.gov
Telephone Number:	414-212-6822

Warden/Jail Administrator/Sheriff/Director	
Name:	Steven Johnson
Email Address:	StevenR.Johnosn@wisconsin.gov
Telephone Number:	414-212-6822

Facility PREA Compliance Manager	
Name:	Rick Freeze
Email Address:	Rick.Freeze@wi.gov
Telephone Number:	

Facility Health Service Administrator On-site	
Name:	Dwilette Archer
Email Address:	Dwilette.Archer@wisconsin.gov
Telephone Number:	414-212-5666

Facility Characteristics	
Designed facility capacity:	1048
Current population of facility:	699
Average daily population for the past 12 months:	545
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	18-79
Facility security levels/inmate custody levels:	Max/Med/Min
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	366
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	48
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	74

AGENCY INFORMATION	
Name of agency:	Wisconsin Department of Corrections
Governing authority or parent agency (if applicable):	State of Wisconsin
Physical Address:	3099 East Washington Avenue, Madison, Wisconsin - 53704
Mailing Address:	PO Box 7925, Madison, Wisconsin - 53707
Telephone number:	(608) 240-5000

Agency Chief Executive Officer Information:	
Name:	Kevin Carr
Email Address:	Kevin.Carr@wisconsin.gov
Telephone Number:	(608) 240-5065

Agency-Wide PREA Coordinator Information			
Name:	Leigha Weber	**Email Address:**	Leigha.Weber@wisconsin.gov

SUMMARY OF AUDIT FINDINGS

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:	
1	• 115.73 - Reporting to inmates
Number of standards met:	
44	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-10-25
2. End date of the onsite portion of the audit:	2022-10-26

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	(●) Yes ( ) No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Aurora Sinai Medical Center and Aurora Health Care Metro, Inc.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1048
15. Average daily population for the past 12 months:	545
16. Number of inmate/resident/detainee housing units:	12
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	( ) Yes (●) No ( ) Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	675
38. Enter the total number of inmates/ residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	7
39. Enter the total number of inmates/ residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	1
40. Enter the total number of inmates/ residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	1
41. Enter the total number of inmates/ residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	2
42. Enter the total number of inmates/ residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	4

43. Enter the total number of inmates/ residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	8
44. Enter the total number of inmates/ residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	2
45. Enter the total number of inmates/ residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	2
46. Enter the total number of inmates/ residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	1
47. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.

Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit

49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	366

50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	74
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	48
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	19
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☑ Age ☑ Race ☐ Ethnicity (e.g., Hispanic, Non-Hispanic) ☐ Length of time in the facility ☐ Housing assignment ☑ Gender ☐ Other ☐ None

55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Took the total population, on the first day of the onsite portion of the audit, divided by the number of random inmate interview required, divided that number by the number of housing units. Used that number to determine how many inmates to select, randomly, from each housing unit. After my list was made, reviewed age and race of inmates chosen, and adjusted the list to get a good sampling. Also, compared the number of female inmates to the number of male inmates, to determine a percentage of the population that was female, and selected random interviewees from the list of female inmates, in the same manner as the male interviewees were selected, until I reached the required percentage of females that should be interviewed. Again, reviewed age and race and made adjustments to get a good sampling.
56. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	(●) Yes ( ) No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	There were no barriers to interviewing except that one inmate who had been randomly chosen for interview tested positive for Covid-19 that same day so the next name, on the list, was substituted for that inmate.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	11

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	2
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	1
62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	An inmate who with a visual impairment had been recently released from the facility. There were no other inmates there, at the time, who had visual impairments.
63. Enter the total number of interviews conducted with inmates/residents/ detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	2
64. Enter the total number of interviews conducted with inmates/residents/ detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	2
65. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	3
66. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	2
67. Enter the total number of interviews conducted with inmates/residents/ detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	2

68. Enter the total number of interviews conducted with inmates/residents/ detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	2
69. Enter the total number of interviews conducted with inmates/residents/ detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The facility does not place inmates/residents/ detainees in segregated housing/isolation for risk of sexual victimization.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	There were no barriers to conducting interviews. The language line interpretation service was used for interviewing LEP inmates.

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

71. Enter the total number of RANDOM STAFF who were interviewed:	12

72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☐ Length of tenure in the facility ☑ Shift assignment ☑ Work assignment ☐ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	◉ Yes ○ No
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	There were no barriers to interviewing staff.

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	14
76. Were you able to interview the Agency Head?	◉ Yes ○ No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	◉ Yes ○ No

78. Were you able to interview the PREA Coordinator?	(●) Yes ( ) No
79. Were you able to interview the PREA Compliance Manager?	(●) Yes ( ) No ( ) NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)	☑ Agency contract administrator ☑ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment ☐ Line staff who supervise youthful inmates (if applicable) ☐ Education and program staff who work with youthful inmates (if applicable) ☑ Medical staff ☑ Mental health staff ☐ Non-medical staff involved in cross-gender strip or visual searches ☑ Administrative (human resources) staff ☑ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff ☑ Investigative staff responsible for conducting administrative investigations ☐ Investigative staff responsible for conducting criminal investigations ☑ Staff who perform screening for risk of victimization and abusiveness ☐ Staff who supervise inmates in segregated housing/residents in isolation ☑ Staff on the sexual abuse incident review team ☐ Designated staff member charged with monitoring retaliation ☑ First responders, both security and non-security staff

	☑ Intake staff ☐ Other
81. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	◉ Yes ○ No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Education/programming ☐ Medical/dental ☐ Mental health/counseling ☑ Religious ☐ Other
82. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	◉ Yes ○ No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☐ Education/programming ☑ Medical/dental ☐ Food service ☐ Maintenance/construction ☐ Other

83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

84. Did you have access to all areas of the facility?	(●) Yes ( ) No

Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	(●) Yes ( ) No
86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	(●) Yes ( ) No

87. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	(●) Yes ( ) No
88. Informal conversations with staff during the site review (encouraged, not required)?	(●) Yes ( ) No
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	(●) Yes ( ) No
91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	Staff provided all requested documentation.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	2	2	2	2
Staff-on-inmate sexual abuse	3	3	3	3
Total	5	5	5	5

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	1	0	0	0	0
Total	1	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	2	0
Staff-on-inmate sexual abuse	1	0	1	1
Total	1	0	3	1

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	4

99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	2
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	2
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	4
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	( ) Yes ( ) No (●) NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	( ) Yes ( ) No (●) NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No allegations of sexual harassment were made during the audit period. Five allegations of sexual abuse were made during the audit period, three staff-on-inmate complaints and two inmate-on-inmate complaints. At the time of the onsite portion of the audit, one staff-on-inmate investigation remained ongoing.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	◉ Yes ○ No

a. Enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during this audit:	1

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	(●) Yes ( ) No
a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:	1

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?	(●) The audited facility or its parent agency ( ) My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) ( ) A third-party auditing entity (e.g., accreditation body, consulting firm) ( ) Other

Standards

Auditor Overall Determination Definitions

- Exceeds Standard
  (Substantially exceeds requirement of standard)

- Meets Standard
  (substantial compliance; complies in all material ways with the stand for the relevant review period)

- Does Not Meet Standard
  (requires corrective actions)

Auditor Discussion Instructions

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (policies, directives, forms, files, records, etc.) a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Executive Directive 72 Sexual Harassment and Sexual Abuse in Confinement (PREA), effective date, 01/11/2016 c. Agency Organizational Chart, dated January 2021 d. Agency PREA Director Position Description e. Agency PREA Compliance Manager Listing, dated 01/10/2022 2. Interviews a. Informal interviews with inmates conducted during site review b. Agency PREA Director c. Facility PREA Compliance Manager 3. Site Review Observations a. PREA posters identifying agency's zero-tolerance policy Findings (By Provision): 115.11 (a) - 1 The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. That policy is Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72). In Section V, (p. 4,) ED 72 states, "The Wisconsin Department of Corrections (DOC) has zero tolerance for sexual abuse, sexual harassment, and report-related retaliation in its facilities, including those with which it contracts for the confinement of offenders." Auditors noted, during the review of the facility, that posters were visible, throughout the facility, that identified that the agency has a zero-tolerance policy for sexual abuse and sexual harassment. A large wall hanging, in the Intake area, also displayed the agency’s zero-tolerance policy. In informal interviews conducted with inmates during the site review, inmates who were asked if they were aware of the agency's zero tolerance policy, and what they

thought that meant, were familiar with the agency's zero tolerance policy and responded appropriately. All 30 inmates who were formally interviewed, all 27 staff who were interviewed, and two volunteers, who were also interviewed, were familiar with the zero-tolerance policy and verified that they had received information, and training, regarding this policy.

115.11 (a) - 2
The facility indicated, in their response to the PAQ, that the facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. ED 72, in Sections V through XX1, (pp. 4-19), outlines how the agency will implement their approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Required by agency policy are:
a. Providing a coordinated victim-centered response to reports of sexual abuse and sexual harassment, including providing medical and mental health services to victims,
b. Investigating all allegations,
c. Providing multiple avenues for reporting allegations,
d. Training all staff members, contractors, and volunteers to recognize, respond to, and report sexual abuse and sexual harassment,
e. Providing offenders with a comprehensive orientation that details their right to be free from sexual abuse, sexual harassment, and report-related retaliation,
f. Identifying core causal factors, and
g. Taking corrective action so as to align with a zero-tolerance environment.

The agency also has in place policy requirements that prevent hiring, or promoting, anyone who has engaged in sexual abuse in a confinement facility, that has been convicted of engaging, or attempting to engage, in nonconsensual sexual activity in the community, or has been civilly, or administratively, adjudicated to have engaged in these activities. The agency will, by policy, also consider incidents of sexual harassment when determining whether to hire, promote or enlist the services of any employee.

115.11 (a) - 3
The facility indicated, in their response to the PAQ, that the policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. Definitions are laid out in ED72, Section III, (pp. 2 - 4). Definitions listed there are related to prohibited behaviors of sexual abuse and sexual harassment as defined in the National Standards to Prevent, Detect, and Respond to Prison Rape. Terms defined on those pages include, but are not limited to, contractor, employee, PREA, PREA Compliance Manager, PREA Director, sexual abuse, and sexual harassment.

115.11 (a) - 4
The facility indicated, in their response to the PAQ, that the policy includes sanctions for those found to have participated in prohibited behaviors. Identified on p. 2-3 of ED 72 are sanctions for those found to have participated in prohibited behaviors. The policy identifies that staff who are found to have violated the agency's sexual abuse and sexual harassment, and retaliation policies are subject to disciplinary sanctions

up to and including termination and that termination is the presumptive sanction for a staff member who engaged in sexual abuse. By policy, inmates who have committed sexual abuse are subject to disciplinary sanctions pursuant to a formal disciplinary process.

115.11 (a) - 5
The facility indicated, in their response to the PAQ, that the policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates. ED 72 identifies as strategies and responses to reduce and prevent sexual abuse and sexual harassment of offenders:
1. Training staff to recognize signs of threatened and real sexual abuse and sexual harassment and to act as first responders in instances of actual sexual abuse,
2. Providing multiple avenues for reporting instances of sexual abuse and sexual harassment,
3. Training staff to respond to incidents of sexual abuse including offering medical and mental health care,
4. Investigating all allegations of sexual abuse and sexual harassment,
5. Maintaining hiring practices that prevent anyone who has prior adjudications for sexual abuse in a confinement setting from being hired or promoted,
6. Performing criminal background checks on all potential new hires and on existing employees,
7. Employing a PREA Director at the agency level and PREA Compliance Managers at all facilities,
8. Considering sexual safety when acquiring new buildings or substantially modifying existing buildings,
9. Requiring all agencies, it contracts with for the confinement of inmates to comply with the PREA Standards,
10. Using video technology and electronic surveillance systems to enhance the safety of inmates and staff,
11. Employing adequate staffing levels in the facilities, and
12. Assessing the risk of victimization and abusiveness of each inmate upon admission to the facility and using that information to make housing, programming and work assignments with the goal of keeping potential abusers and potential victims separate from each other.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.11 (b) - 1
The facility indicated, in their response to the PAQ, that the agency employs, or designates, an upper-level, agency-wide PREA Director who has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all its facilities. The DOC has one statewide PREA Director, Leigha Weber, who is responsible for PREA compliance for all state correctional institutions and correctional centers. ED 72, in Section V, (p. 5), C, says, "the DOC shall employ or designate a PREA Director to oversee department efforts to comply with PREA

standards." The facility provided a position description for Ms. Weber's position that says, " . . . this position is responsible for the direction of the Prison Rape Elimination Act (PREA) provisions in the Department." It goes on to say, "the scope of this position encompasses the entire Wisconsin Department of Corrections in which capacity it serves as the department expert on the PREA and provides oversight and consultation to department management."

115.11 (b) - 2
The facility indicated, in their response to the PAQ, that the PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all its facilities. ED 72, in Section V, (p. 5), C, says, "This position shall have sufficient time and authority to develop, implement and oversee DOC's efforts to comply with PREA standards in all of its facilities." The position description demonstrates that 100% of the PREA Coordinator's time is spent on assisting facilities to gain, and maintain, compliance with PREA standards. In an interview conducted via telephone, Ms. Weber, when asked if she felt that she has enough time to manage all her PREA related responsibilities, said, "Yes, I have a great team and I certainly delegate as appropriate."

The facility submitted, in response to the PAQ, an organizational chart showing that the position of PREA Coordinator is an upper-level position. Ms. Weber reports to the Assistant Deputy Secretary, who reports to the Deputy Secretary, who reports to the Secretary.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.11 (c) - 1, 2, 3 and 4
The facility indicated, in their response to the PAQ, that the facility has designated a PREA Compliance Manager (PCM). ED 72 states, in Section V, D (p. 5), "the appointing authority or designee, at each facility, shall assign one employee as the facility based PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards as set forth by DOC." The facility indicated, in their response to the PAQ, that the PCM has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The facility identified Housing Unit Manager, Rick Freeze as the facility PCM. When asked, in an interview conducted onsite, if he had sufficient time to coordinate the facility's efforts to comply with the PREA standards, Housing Unit Supervisor Freeze replied, “yes. I only have half of a unit to manage and if I had a full unit, it would be difficult to keep up. We also have fewer inmates than we had prior to the pandemic and my unit has one side shut down.” Unit Manager Freeze’s position is an upper-level security supervisory position at the facility, and the position reports to the Deputy Warden of the facility.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

	Corrective Action A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no corrective action to take.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.12 The following evidence was analyzed in making the compliance determination: 1. Documents: (policies, directives, forms, files, records, etc.) a. Audit Questionnaire b. Contracts for the confinement of inmates with the following counties: 1. Fond du Lac 2. Oneida 3. Milwaukee House of Corrections 4. Juneau 5. Jefferson 6. Marquette 7. Racine 8. Ozaukee 9. Vernon 10. Vilas 11. Sauk 12. Rock c. Summary of Contracts for the Confinement of Inmates d. Wisconsin Department of Corrections Executive Summary #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016 e. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 401.000.01 PREA Compliance Review of Contracted Facilities, effective date, 01/24/2022 e. DOC-2845, Agency Contract Compliance Review form, effective date, 04/20/2018, (blank) 2. Interviews a. Agency Contract Administrator Findings (By Provision): 115.12 (a) – 1 The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency currently has Memorandums of Agreement (MOAs), with 12 agencies, for the

temporary housing of inmates. During the pre-onsite phase of the audit, the facility provided copies of all 12 MOAs. MOAs of all 12 contracted agencies were reviewed and it was noted that all of them were originally written for a one-year period, with automatic renewal for the next consecutive year, in the absence of the execution of a new or modified agreement. All 12 MOAs are currently in effect. The agencies contracted with are County Jails in:
- Fond du Lac,
- Oneida,
- Milwaukee House of Correction,
- Juneau,
- Jefferson,
- Marquette,
- Racine,
- Ozaukee,
- Vernon,
- Vilas, and
- Sauk.

All of these are other governmental agencies, and none are private entities.

115.12 (a) - 2
The facility indicated, in their response to the PAQ, that all the above contracts require contractors to adopt and comply with PREA Standards. All 12 MOAs were reviewed, and it was noted that in Section VII, paragraph Q, in all the MOAs, there is the requirement that the contract agencies, "take all feasible and necessary steps to work toward full compliance and continue to do so until full compliance is achieved." The MOAs also require the contract agencies to have policies in place for responding to allegations of sexual abuse and sexual harassment, for maintaining reports and records necessary for reporting the appropriate data, and for timely completion of the Bureau of Justice Statistics Annual Survey on Sexual Victimization or its currently equivalent.

115.12 (a) - 3
The facility responded to the PAQ by identifying 12 MOAs for the confinement of inmates and providing copies of each of the 12 MOAs. A review of the MOAs confirmed that all of them were entered into, or renewed, since the last audit date, which was February of 2019. Of the 12 contracts, 10 of them were entered into since the date of the last audit and two were entered into prior to that date and were renewed.

115.12 (a) - 4
The facility indicated, on the PAQ, that the agency does not contract with any agencies that are not required to adopt, and comply with, PREA standards. All MOAs were reviewed, and it was noted that the requirement for the contracted agencies to adopt, and comply with, PREA standards is included all of them.

A final analysis of the evidence indicates that the agency is in substantial compliance with this provision.

115.12 (b) - 1
The facility indicated, in their response to the PAQ, that all the contracts with county jails require the Wisconsin Department of Corrections (DOC) to monitor the contractors' compliance with PREA standards and provided copies of each MOA, as well as an agency policy, that requires the DOC to monitor the contractors' compliance. Division of Adult Institutions (DAI) Policy # 401.00.01 requires that the DAI review its contracted facilities for the confinement of inmates to ensure compliance with the Prison Rape Elimination Act (PREA), and, in Section I, A, (p. 2), requires that the contracts be monitored by the DOC annually except during the year in which the facility has scheduled a United States Department of Justice (US DOJ) PREA audit.

Sections I, B and C, on the same page, specify that during US DOJ PREA audit years, the final PREA audit report may replace a DOC PREA compliance review, and during non-audit years, a compliance review shall include a combination of the contracted agency's self-report and the DOC evaluation. Reviews of each of the MOAs the DOC holds with the identified county jails revealed that all but two of the 12 MOAs require each contracted agency to be monitored by the DOC. In those two MOAs, in Section VII, D, 3, it says, "the DOC may decide to conduct a compliance review. This review may include an examination of Sheriff's incident and offender records related sexual abuse or sexual harassment allegations as defined by PREA." The PREA Director explained that all new contracts entered into since January 2019 have different language that specify, in Section VII, Q, 4, that during years when the contractor is not audited by a US DOJ PREA auditor, the, ". . . DOC shall conduct an annual compliance review to ensure that the Sheriff is compliant with PREA standards." The facility submitted, as evidence that those reviews do take place, DOC form 4825, known as the Contract Compliance Report. The form is used to record the annual compliance review, done of the contracted agency by the DOC, and asks the reviewer to examine the contracted agency's policies and procedures, and agency compliance with the policy requirements, regarding the prevention, detection, and response to allegations of sexual abuse and sexual harassment, opposite gender announcing, use of a uniform evidence protocol, the investigation of allegations of sexual abuse and sexual harassment, training of staff and contractors, hiring practices including background checks, the development of a an adequate staffing plan, the inmate intake process, education provided to inmates, training provided to investigators, medical and mental health services available in the facility, risk screening of inmates and the use of information gleaned during the screenings, avenues for reporting allegations of sexual abuse and sexual harassment, the provision of sexual assault service providers for confidential emotional support services related to sexual abuse or sexual harassment, reporting responsibilities of staff, the facility's written coordinated sexual abuse response plan, retaliation monitoring and incident reviews of allegations determined to be substantiated or unsubstantiated. DAI Policy # 410.00.01 instructs staff conducting the compliance reviews to use observation or facility tour, document review, policy review, and staff and/or inmate interviews as methods for conducting the reviews. The policy instructs the reviewer to report areas

	of non-compliance to the DOC PREA Office. In an interview, the Agency Contract Administrator said the agencies with which the Wisconsin Department of Corrections contracts, for confinement of inmates, are required to be audited once in a three-year cycle. In the non-audit years, she does a contract compliance review. Auditor was able to review completed compliance contract reviews to verify that they are carried out. (b) - 2 The facility indicated, in response to the PAQ, that none of the 12 contracts with outside agencies, held by the DOC, do NOT require the DOC to monitor the contractor's compliance with PREA standards. A review of the MOAs offered as evidence proved that two of the 12 contracts do not contain language that requires the agency to monitor the contractor's compliance with PREA standards. Instead, they say that the agency may monitor that compliance. The use of the word, may, as opposed to shall, makes the compliance monitoring an option rather than a requirement. However, the agency PREA Director said, "staff in our Office of Detention and Procurement are working to update these two contracts and obtain signature." The facility also provided documentation verifying that the agency is indeed monitoring all the contracted agencies' compliance with PREA, including the two whose contract language still uses the word, “may,” rather than, “shall.”. A final analysis of the evidence indicates that the agency is in substantial compliance with this requirement. Corrective Action A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no corrective action to take.

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (policies, directives, forms, files, records, etc.) a. Pre-Audit Questionnaire b. Milwaukee Secure Detention Facility Staffing Plan, dated April 2022 c. Wisconsin Department of Corrections Division of Adult Institutions Policy #410.50.05, effective date 05/17/2021 d. Sample shift schedules demonstrating use of overtime and closing non-essential posts to re-locate staff to areas housing inmates. e. Wisconsin Department of Corrections PREA Coordinator 2022 PREA Staffing Plan Annual Review Log e. Wisconsin Department of Corrections Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016 f. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 410.40.01 Unannounced Rounds, effective date 02/24/2022 g. Logbook documentation of unannounced rounds 2. Interviews a. Warden or Designee b. Facility PREA Compliance Manager c. PREA Coordinator d. Higher-Level Staff Who Conduct Unannounced Rounds Findings (By Provision): The following evidence was analyzed in making the compliance determination: 1. Documents: (policies, directives, forms, files, records, etc.) a. Pre-Audit Questionnaire b. Milwaukee Secure Detention Facility Staffing Plan, dated April 2022 c. Wisconsin Department of Corrections Division of Adult Institutions Policy #410.50.05 Staffing plan, effective date 05/17/2021 d. Copies of Shift Schedules demonstrating overtime hired and no deviations from staffing plan e. Wisconsin Department of Corrections PREA Coordinator 2022 PREA Staffing Plan Annual Review Log e. Wisconsin Department of Corrections Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016

f. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 410.40.01 Unannounced Rounds, effective date 02/24/2022
g. Logbook documentation of unannounced rounds, 07/24/2019 through 01/24/2022

2. Interviews
a. Warden or Designee
b. Facility PREA Compliance Manager
c. PREA Coordinator
d. Higher-Level Staff Who Conduct Unannounced Rounds

Findings (By Provision):

15.13 (a) - 1
The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against abuse. They provided agency policy Division of Adult Institutions (DAI) Policy#401.50.05, that says, “The Division of Adult Institutions shall ensure each facility develops, documents, and makes its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect inmates from sexual abuse.” The facility also provided Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), which says, in section IX, A, (p. 6), "each facility shall develop, document and make its best efforts to comply with a staffing plan that provides for adequate levels of employees and, where applicable, video monitoring, to protect offenders against sexual abuse." The facility submitted a log used to track reviews of staffing plans of all the agencies’ facilities. Auditor compared the log to the agency’s web site and noted that for each institution listed on the web site, there was an entry on the annual review log.

The Warden was interviewed prior to the onsite portion of the audit. He confirmed, in the interview, that each correctional center does indeed have a staffing plan. The Correctional Center PREA Compliance Manager (PCM) also confirmed that the center does have a staffing plan.

ED 72 also requires that in calculating adequate staffing levels, and determining the need for video monitoring, the facilities must consider.
- generally accepted correctional practices;
- any judicial, federal investigative and internal/external oversight agency findings of inadequacy;

	- the facility's physical plant including blind spots or areas where employees or offenders may be isolated; - the composition of the offender population; - the number of placement and security staff - institution programs occurring on a particular shift; - the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and, - applicable State or local laws, regulations, standards and other relevant factors. In the interview, the facility PCM confirmed that the required elements listed above are taken into consideration during the annual review of the staffing plan The facility submitted copies of their staffing plan dated April of 2022. The staffing plan identifies that the facility is designated a medium security facility that houses both male and female Division of Community Corrections offenders who are accused of violating their probation or parole, as well as Division of Adult Institution (DAI) offenders that typically have less than one year remaining on their sentence or who are awaiting transfer to another DAI facility. The facility's constantly fluctuating population consists of both male and female offenders of all custody levels. The facility is a 15-story high-rise building in a downtown metropolitan area that has 12 Level 2 housing units, each divided into two pods, one Level 1 housing unit designed to house a re-entry program, and intake unit that operates 24 hours, and a food service area, a warehouse, a laundry and a visitation and administration area. The Warden identified, in an interview, that staffing is determined through the Wisconsin State biennial budget process. The facility runs three shifts and is permitted 16 security supervisors, eight captains and eight lieutenants. There are two Health Services Unit supervisors, a Psychological Services Unit supervisor, two food service supervisors, two maintenance supervisors and seven program supervisors. Each shift has two security supervisors on duty. All other areas and their supervisors are on duty Monday through Friday, 0730 hours to 1600 hours with the exception of food service and healthcare, both of which have coverage later into the evening. There are 170 correctional officers and 76 correctional sergeants. Staff is disbursed on the housing units depending on the needs of the population. Staffing is set as follows:

Housing Unit	# of Inmates	Shift	# of Sergeants	# of Officers
Intake	Varies	1 2 3	1 1 0	3 3 1
3S	38 Max	1 2 3	1 1 1	1 1 1
4th floor and 5S Programming Units	74 (4th floor) 76 (5th floor)	1 2 3	1 1 1	1 1 1
5N RHU	50	1 2 3	1 1 1	3 2 1
6N (GP male unit and a GP female Unit)	96	1 2 3	1 1 1	2 2 1
6S (SNU and Program RHU)	98	1 2 3	1 1 1	3 3 1
8S Orientation	100	1 2 3	1 1 1	2 2 1

7N, 7S, 8N, 9N, 9S Floor (General Population)	100	1 2 3	1 1 1	2 2 1

The facility utilizes an electronic program that completes the scheduling for all security staff.
Every week, the schedule is reviewed to find vacancies which are then filled by calling staff who have signed up for pre-scheduled overtime or are ordered to cover that overtime.

115.13 (a) – 2
The facility indicated, in response to the PAQ, that the average daily number of inmates, over the past year, has been 730.

115.13 (a) – 3
The facility indicated, in response to the PAQ, that the average daily number of inmates on which the staffing plan was predicated is 730.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.13 (b) – 1 and 2
The facility indicated, in response to the PAQ, that the facility does not deviate from the staffing plan. When a security shift vacancy occurs, overtime is hired. When a vacancy is pre-scheduled, the shortage is posted, and security staff are free to sign up to fill the post. If the pre-scheduled vacancy is not filled or the vacancy is unplanned, the facility engages a system of forced overtime and staff are ordered to fill vacancies on a rotating schedule. The Warden said, in an interview, that the pandemic resulted in an alternate to revocation programming being discontinued, in the facility, to operate in the community instead. That reduced their population and they have been able to shut down several housing units. He said they review the schedule every day, looking for vacancies. He said that they hire overtime when necessary and can call on sister facilities, also in the Milwaukee area, to cover vacancies in areas like health care and psychological services.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.13 (c) - 1
The facility indicated, in their response to the PAQ, that the agency, in collaboration with the PREA Director, does review the staffing plan, at least annually, to see

whether adjustments are needed to:
- the staffing plan,
- the deployment of monitoring technology, or
- the allocation of resources.

Agency policy DAI #: 410.50.05, 410 Prison Rape Elimination Act, effective date, 05/17/2021, requires, in Section II, A, (p. 2), not less than once per year, each facility to assess, determine and document whether adjustments are needed to each of the three items listed above. Paragraph B, of the same section, requires that the staffing plan be reviewed by the agency PREA Director. The agency PREA Director said, in an interview, that she reviews all facility staffing plans. She said, "at the beginning of every year, or within the first quarter of each year, I send out a request for facilities to review staffing plans and make necessary adjustments. I then review them and have a conversation with the Facility PCMs, and get more information, and then we both sign it and make the necessary adjustments." She also said that sometimes staffing plans also have to be adjusted more than once a year, for various reasons, such as the closing of a housing unit, the pandemic, vacancy rates, staff shortages, etc. Submitted was a spreadsheet, used by the Agency PREA Director, to keep track of facility staffing plan annual reviews. The spreadsheet shows an entry for each of the Agency's facilities, the date of the most recent annual review, and the facility participants to the review.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.13 (d) - 1
The facility indicated, in their response to the PAQ, that the facility requires intermediate-or higher-level staff to conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Agency policy ED 72 requires, in Section IX D, (p.6), that supervisory staff conduct and document unannounced rounds, on all shifts, to identify and deter employee sexual abuse and sexual harassment. Auditors interviewed supervisors who said they do make unannounced rounds as required.

115.13 (d) - 2
The facility indicated, on the PAQ, that the facility documents unannounced rounds. In interviews, the supervisory staff verified that they do document the unannounced rounds they make. During the onsite review of the facility, auditors were able to view these rounds logged in logbooks in the various areas of the facility and noted that these rounds are logged in a separate logbook which makes them easy to audit. The facility also submitted unannounced rounds logbook documentation, on the PAQ, that demonstrate that the rounds are conducted everywhere in the facility and on all three shifts.

115.13 (d) - 3
The facility indicated, in their response to the PAQ, that unannounced rounds do, over time, cover both shifts. Supervisory staff who were interviewed also verified that

	they make rounds on all three on both shifts. Auditors noted that the documentation submitted verified their claims. 115.13 (d) - 4 The facility indicated, in their response to the PAQ, that the facility does prohibit staff from alerting other staff when unannounced rounds are taking place. Agency policy ED 72 says, in Section IX D, (p.6), "The DOC employees are prohibited from alerting other employees that these supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility." Staff who were asked how they ensure that staff do not alert other staff that unannounced rounds are taking place said that they vary their route so staff do not know where they are going next. They did not recall ever having had to discipline staff for alerting other staff that the rounds were taking place. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. Corrective Action A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no corrective action to take.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (policies, directives, forms, files, records, etc.) a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 302.00.20 Placement of Juveniles in Adult Correctional Sites, effective date 02/22/2021 c. Memo from Administrator of Division of Adult Institutions identifying that all of the youthful inmates who were housed at the Milwaukee Secure Detention Facility were moved to the Division of Juvenile Corrections facilities, dated 09/19/2016. 2. Interviews a. Warden or Designee b. Facility PREA Compliance Manager 3. Observations a. No Youthful Inmates Onsite Findings (By Provision): 115.14 (a) - 1 The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the Division of Adult Institutions (DAI) does not house inmates under the age of 18 and that inmates under the age of 18 years old are supervised by the Wisconsin Division of Juvenile Corrections. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), in Section XIII C, (p.10), prohibits placing youthful offenders in housing units where they have sight, sound or physical contact with adult offenders through use of shared dayrooms or other common areas, shower areas or sleeping quarters Auditors verified that the Wisconsin Department of Corrections (DOC) does not place inmates under the age of 18 in adult facilities through a review of the agency website. According to the website, the agency currently operates two juvenile facilities, one for males and one for females. Administrative staff, at the facility, confirmed that the facility does not house inmates under the age of 18. 115.14 (a) - 2, 3, and 4 The facility indicated, in their response to the PAQ, that there are no inmates under

	the age of 18 housed at the Milwaukee Secure Detention Facility (MSDF). 115.14 (a) - 5 and 6 The facility indicated, in their response to the PAQ, that, in the past 12 months, there have been no inmates under the age of 18 housed at MSDF. A final analysis of the evidence indicates that the facility is substantially compliant with this provision. 115.14 (b) - 1 and 2 The facility indicated, in their response to the PAQ, that MSDF does not house inmates under the age of 18. A final analysis of the evidence indicates that the facility is substantially compliant with this provision. 115.14 (c) - 1 The facility indicated, in their response to the PAQ, that MSDF does not house inmates under the age of 18. 115.14 (c) - 2 The facility indicated, in their response to the PAQ, that, in the past 12 months, there have been no inmates placed in isolation to separate them from adult inmates because MSDF does not house youthful inmates. A final analysis of the evidence indicates that the facility is in substantial compliance with this provision. Corrective Action A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no corrective action to take.

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (policies, directives, forms, files, records, etc.) a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016 c. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 306.16.01 Use of Body Cameras, effective date 03/14/2022 d. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 410.40.02 Opposite Gender Viewing and Announcing, effective date10/18/2021 e. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 500.70.24 Clinical Observation, effective date 07/31/2021 f. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 306.17.02 Searches of Inmates, effective date 12/21/2022 g. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 500.20.77 Transgender Management and Care, effective date 04/04/2022 h. Sample Form DOC-544 Lesson Plan for training, Introduction to Personal Searches dated 04/04/2022 i. Milwaukee Secure Detention Facility Staff PREA Training Records, dated 2022 j. Milwaukee Secure Detention Facility New Employee Training Module k. Milwaukee Secure Detention Facility New Employee Pat and Strip Search Training Modules 2. Interviews a. Random Sample of Staff b. Random Sample of Inmates c. Transgender Inmates 3. On-site Observations a. Observation cells Findings (By Provision): 115.15 (a) - 1

	The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of inmates. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), Section X, B, (p. 6), stipulates, "facilities shall not permit cross-gender strip or body cavity searches except in exigent circumstances or when performed by medical practitioners." Division of Adult Institutions (DAI) Policy #306.17.20 Searches of Inmates, in Section I, C, says that staff directly observing the inmate, during a strip search, are required to be the same sex as the inmate and that a second staff participating in the search shall only observe the staff performing the strip search. A total of 30 inmates, including two transgender inmates, were formally interviewed and all of them confirmed that they had never been subjected to cross-gender strip or visual body searches at this facility. Twelve random staff were interviewed, during the onsite phase of the audit, and they also confirmed that no cross-gender strip or cross-gender visual body searches are conducted at the facility except in exigent circumstances. None of the staff interviewed could recall a time when cross-gender strip, or visual body searches, had been conducted. 115.15 (a) - 2 The facility reported, in their response to the PAQ, that, in the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of inmates was zero. 115.15 (a) - 3 The facility reported, in their response to the PAQ, the number of cross-gender visual body cavity searches of inmates that did not involve exigent circumstances or were performed by non-medical staff as zero. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. 115.15 (b) - 1 Wisconsin Department of Corrections (DOC) agency policies ED 72 and DAI Policy #306.17.02, prohibit pat searches of female inmates by male staff, absent exigent circumstances, at all of their institutions. 115.15 (b) - 2 The facility indicated, in their response to the PAQ, that the facility does not restrict female inmates' access to regularly available programming or other out of cell opportunities in order to comply with this provision. All 12 random staff who were interviewed said that inmates are never denied access to programming or out-of-cell opportunities because there are always female staff on duty.Three female inmates who were formally interviewed said that they had never been denied access to programming or out-of-cell opportunities for lack of female staff available to perform pat-searches. 115.15 (b) - 3 and 4 The facility indicated, in their response to the PAQ, that the number of pat-down

searches of female inmates that were conducted by male staff was zero and the number of pat-down searches of female inmates conducted by male staff that did not involve exigent circumstances was also zero.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.15. (c) - 1 and 2
The facility indicated, in response to the PAQ, that the facility documents all cross-gender strip searches and cross-gender visual body cavity searches be documented. DIV Policy #: 306.17.02 Searches of Inmates, requires, in Section I, E, 2 and 3, (p. 3), that documentation of exigent circumstances where cross-gender pat-down searches of female inmates by male staff are conducted shall be maintained and that documentation of exigent circumstances where cross-gender strip, body cavity or body contents searches are performed shall be maintained. The facility reports that no cross-gender searches were performed at the facility, in the past 12 months, thus there is no documentation available.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.15 (d) - 1
The facility indicated, in their response to the PAQ, that the facility has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). ED 72 says, in Section IX, E, (p.6) says, "in order to enable offenders to shower, perform bodily functions and change clothing without nonmedical employees of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks, employees of the opposite gender shall announce their presence when entering an offender housing unit. If opposite gender status quo changes during that shift, then another announcement is required." Of the 30 inmates who were interviewed 26 of them confirmed that they are never naked in front of opposite gender staff, and the same 26 confirmed that they have the opportunity to shower, change their clothes and use the toilet without being viewed by opposite gender staff. Inmates identified things such as curtains on the showers, half walls on the toilet stalls, curtains on the cell door windows in the female units, all things that help protect inmates' ability to shower, perform bodily functions and change clothing without being seen by non-medical staff of the opposite gender and auditors noted all of them during the review of the facility. One inmate said that not all of the showers have curtains, but auditors observed curtains on all the showers, in all the housing units except in a unit with observation cells, and

	also observed maintenance staff working on installing new shower curtains, that were larger and gave more privacy, during the on-site portion of the audit. Staff also noted that, in the observation cells in Unit 5, the entire front of the cell is clear glass, and a toilet can be clearly viewed from outside the cell. When staff were asked how they would prevent non-medical staff of the opposite gender from viewing inmates using the toilet, they said they would elect to accomplish this by substituting same gender correctional staff, or medical staff, to observe the periods of time when an inmate is showering, performing bodily functions, or changing clothes. They cited the FAQ supporting this practice which says, ". . . a cross-gender staff can be assigned to suicide watch, including constant observation so long as the facility has procedures in place that enable an inmate on suicide watch to avoid exposing himself or herself to nonmedical cross gender staff." They also submitted revised Post Orders that say, "when a PIOC is housed in an "Observation Cell", cross gender observation may be conducted. The exception is when a PIOC is showering, performing bodily functions or changing clothing. When this occurs, cross gender staff will be substituted with staff of the same gender." The revised Post orders took effect in November 2022. 115.15 (d) - 2 The facility indicated, in their response to the PAQ, that policies and procedures do require staff of the opposite gender to announce their presence when entering an inmate housing unit. ED 72 says, in Section IX, E, (p.6), "in order to enable offenders to shower, perform bodily functions and change clothing without nonmedical employees of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks, employees of the opposite gender shall announce their presence when entering an offender housing unit. If opposite gender status quo changes during that shift, then another announcement is required. Facilities shall not restrict access to regularly available programming or other out-of-cell or housing unit opportunities in order to comply with this provision." Of 30 inmates formally interviewed, 13 said that opposite gender staff do not verbally announce their entry into the housing unit. Eleven inmates said that the blue light indicates that there are cross gender staff assigned to the unit. Six of them said that they have not heard a verbal announcement and either did not see a blue light or saw the blue light and did not know what it meant. Auditor reviewed inmate orientation materials and determined that the information, regarding the blue light, is contained in the Milwaukee Secure Detention Facility inmate handbook. It says, "at MSDF, a blue light will display in the housing unit to alert you than an opposite gender staff member is present." Because all inmates who are admitted to the facility are first housed in an Intake Unit where they receive an orientation presentation and printed materials, as well as an opportunity to view the facility orientation video, Auditor finds the facility compliant with this portion of the standard provision. Auditors noted, during the site review, that the blue lights were on in the housing units. All of the random staff who were interviewed identified that opposite gender staff always announce when entering a housing unit. A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.15 (e) - 1
The facility indicated, in their response to the PAQ, that the agency does have a policy that prohibits searching, or physically examining, a transgender or intersex offender for the sole purpose of determining the offender's genital status. ED 72 says, in Section X, D, (p. 7) that facilities may not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. DAI Policy #306.17.02, Section II, D, (p. 3) also outlines this prohibition. Each of the 12 staff who were randomly selected for interview confirmed that they were aware of these agency policies and two transgender inmates who were interviewed said that they were never searched for this reason.

115.15 (e) - 2
The facility indicated, in their response to the PAQ, the number of such searches conducted at the facility, in the past 12 months, was zero. Two transgender inmates who were interviewed confirmed that they have never been subjected to a strip search for the sole purpose of determining genital status.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.15 (f) - 1
The facility indicated, in their response to the PAQ, that 100% of the security staff were trained on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner. They submitted the lesson plan outlining the training used to train facility staff on conducting searches. The lesson plan contained instructions for how to conduct cross-gender pat-down searches of transgender and intersex inmates in a professional and respectful manner. Of the 12 staff who were randomly selected for interview, all of them verified they had received the training and were able to accurately describe the training they received. Security staff reported that they had the training in the officers' academy.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

Corrective Action:
A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take. Auditor recommends that the administration remind staff, periodically, to make the cross-gender announcement, by use of a verbal reminder at roll call, in refresher PREA trainings, or by use of a memo to all staff.

115.16	**Inmates with disabilities and inmates who are limited English proficient**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed the compliance determination: 1. Documents: (policies, directives, forms, files, records, etc.) a. Pre-Audit Questionnaire b. Video Remote Interpreting (VRI) Services for American Sign Language – effective date 10/01/2018 c. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016 d. In -Person Interpretation Services for American Sign Language (ASL) -effective date 11/01/2020 e. Wisconsin Department of Corrections Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016 f. Wisconsin Department of Corrections Division of Adult Institutions Sexual Abuse and Sexual Harassment Prevention and Intervention, A Resource for Inmates, large print g. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 300.00.35 Americans with Disabilities Act, effective date 01/20/2012 h. Wisconsin Department of Corrections Form POC-41BS, Rev.07/2016, Agency Handbook Addendum, Spanish i. Agency posted Language Policy Notice j. In-Person Interpretation Services for Foreign Language, effective date 10/01/2020 k. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 300.00.61 Language Assistance for Limited English Proficiency (LEP) Inmates l. Written Foreign Language Translation Services, effective date 09/01/2018 m. Wisconsin Department of Corrections Division of Adult Institutions Sexual Abuse and Sexual Harassment Prevention and Intervention, A Resource for Inmates, large print 2. Interviews a. Agency Head b. Inmates With Disabilities or Who Are Limited English Proficient c. Random Sample of Staff 3. On-Site Observations a. Agency Language Policy Notice posted in the facility b. PREA Postings throughout the facility in both English and Spanish

Findings (By Provision):

The following evidence was analyzed in making the compliance determination:

1. Documents: (policies, directives, forms, files, records, etc.)
a. Pre-Audit Questionnaire
b. In -Person Interpretation Services for American Sign Language (ASL) -effective date 11/01/2020
c. Video Remote Interpreting (VRI) Services for American Sign Language – effective date 10/01/2018
d. Wisconsin Department of Corrections Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016
e. Wisconsin Department of Corrections Division of Adult Institutions Sexual Abuse and Sexual Harassment Prevention and Intervention, A Resource for Inmates
f. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 300.00.35 Americans with Disabilities Act, effective date 01/20/2012
g. Wisconsin Department of Corrections Form POC-41BS, Rev.07/2016, Agency Handbook Addendum, Spanish
h. Statewide Telephone Interpretation Services, effective date 10/01/2018.
i. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 300.00.61 Language Assistance for Limited English Proficiency (LEP) Inmates
j. Wisconsin Department of Corrections Division of Adult Institutions Sexual Abuse and Sexual Harassment Prevention and Intervention, A Resource for Inmates, Spanish
k. Agency posted Language Policy Notice

2. Interviews
a. Agency Head
b. Inmates with Disabilities or Who Are Limited English Proficient
c. Random Sample of Staff

3. On-Site Observations
a. Agency Language Policy Notice posted in the facility
b. PREA Postings throughout the facility in both English and Spanish

Findings (By Provision):

115.16 (a) - 1
The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency has established procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72) says, in Section XI, B, (p.4), that offenders with disabilities or who have limited English proficiency shall have an equal opportunity to participate in or benefit from all aspects of the Department of Correction's (DOC's) efforts to prevent, detect and respond to sexual abuse and sexual harassment. Division of Adult Institutions (DAI) Policy #300.00.35, in Section I, Paragraph A, requires all facilities to establish a process for inmates with qualified disabilities to request accommodations for access to programs, services, and activities. Paragraph C, of the same policy, outlines that individuals with disabilities may not be excluded from participation in, or be denied the benefits of, DAI services, programs, or activities on the basis of their disabilities, and that all DAI programs, services and activities shall be readily accessible to, and useable by, individuals with disabilities. The same policy requires facilities to make reasonable accommodations for individuals with disabilities except where doing so would result in a fundamental alteration in the nature of the program, would threaten or destroy the historic significance of an historic property, or result in undue financial and administrative burdens. Section II, paragraph F says that inmate access to adaptive hearing devices for telephone calls must be equivalent to access to telephone calls by hearing inmates and allows for inmates using adaptive devices for phone calls to be allowed up to three times the amount of time usually permitted for phone calls. This policy also requires facilities to develop procedures to ensure visual alarms, or manual means of notifying deaf or hard of hearing inmates, are in place for such things as emergencies, counts, and announcements whenever, and wherever, the inmate is authorized to be in the facility. Accommodations that must be made may include a qualified sign language interpreter or other auxiliary aids, services, and devices.

The facility provided, as evidence, copies of contracts the agency has entered into to provide video remote interpreting (VRI) services for American Sign Language (ASL) and in person interpretation services for ASL. A video with PREA Education is available for inmates who are visually impaired to listen to, and Auditors were able to review this video on YouTube. There are videos designed for both male and female inmates. The agency head said, in an interview, “we identify their needs at Intake, and we have a host of resources available.” Two inmates who were hard of hearing and one inmate who was cognitively disabled were interviewed and all three said that the facility does provide information about sexual abuse and sexual harassment that they are able to understand.

A final review of the evidence indicates that the facility is in substantial compliance with this provision.

115.16 (b)
The facility indicated, in their response to the PAQ, that the agency has established procedures to provide equal opportunities, to inmates who are LEP, to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. ED 72 says, in Section XI, B, (p.4), that offenders with disabilities or who have limited English proficiency shall have an equal opportunity to participate in or benefit from all aspects of the DOC's efforts to prevent, detect and respond to sexual abuse and sexual harassment. DAI policy #300.00.61 Language Assistance for Limited English Proficiency (LEP) outlines procedures that ensure LEP inmates in DAI facilities are not precluded from accessing or participating in important programs or proceedings, including those that may affect the duration and condition of their classification or confinement, have meaningful access to important vital documents, are afforded language assistance at no cost, receive meaningful access to medical, dental and mental health services, are not subjected to retaliation for requesting language assistance, and are permitted to communicate verbally and in writing in languages other than English. This policy also requires staff to obtain from inmates at intake, their self-identified primary language and to ensure that the information is recorded in the department's computerized database. The policy requires staff to initiate provision of language assistance when there is a question of an inmate's ability to use the English language in reading, writing or speaking, and requires staff to provide specific documents, including a PREA pamphlet, in both Spanish and English. The facility presented, as documentation, the inmate handbook and the PREA Pamphlet, printed in both Spanish and English, and auditors were able to observe PREA information posted, throughout the facility, in both English and Spanish. The facility also provided the agency's Language Policy Notice, printed in both English and Spanish, that auditors observed posted in the facility. Also provided as documentation were copies of contracts that the agency has entered into to provide in person interpretation services for foreign languages, written foreign language translation services, and statewide telephone interpretation services. Auditors also noted that PREA posters, throughout the facility, are printed in both English and Spanish. An inmate who is Limited English Proficient was interviewed with use of the Language Line and he said that the facility does provide information in such a way that he can understand. He also said that health services staff, and other staff as well, use the language line when they work with him and that he had recently spoken with his attorney using the language line. He was well familiar with the agency's zero-tolerance policy and with the PREA postings in the facility but said that because he is a senior, he doesn't need all that information.

A final analysis of the evidence indicates that is in substantial compliance with this provision.

115.16 (c) - 1
The facility indicated, in their response to the PAQ, that agency policy prohibits use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter

	could compromise the inmate's safety, the performance of first-response duties or the investigation of the inmate's allegations. ED 72, in Section XVI, A, no. 4, (p. 13) prohibits relying on offender translators, offender readers or other types of offender assistants except in exigent circumstances where an extended delay in obtaining an effective interpreter could compromise safety, the performance of first responder's duties, or the investigation of allegations. Twelve staff were randomly selected for interview, and all were familiar with the translation services that are available at the facility. None of the 12 staff randomly selected for interview were aware of any instance, at the facility, where one inmate was allowed to translate for another when making an allegation of sexual abuse or sexual harassment. 115.16 (c) - 2 The facility indicated, on the PAQ, that any instances where one inmate may be allowed to translate for another would be documented. However, there have been no instances where that happened, thus no documentation was available. 115.16 (c) - 3 The facility reported on the PAQ, the number of times, in the past 12 months, where inmate interpreters, readers, or other types of inmate assistants were used and it was not the case that an extended delay in obtaining another interpreter could compromise the inmate's safety, the performance of first-responder duties, or the investigation of the inmate's allegations, as zero. A final analysis of the evidence indicates that the facility is in substantial compliance with the provision Corrective Action A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no corrective action to take

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (policies, directives, forms, files, records, etc.) a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016 c. Wisconsin Department of Corrections Executive Directive 42 Police Contact, Arrest, and Conviction Policy for Current Employees d. Wisconsin Department of Corrections Human Resources Procedure Background Check Procedure, effective date 11/26/2018 d. Facility Security Clearance Background Check Form (Blank) e. Form DOC-1098D, Rev.2/2021, Background Check Authorization (Blank) f. Form DOC-1098R, Rev.10/2020, Candidate Reference Check (Blank) g. Wisconsin Department of Corrections Human Resources Procedure Fingerprint Procedure, effective date 11/26/2018 h. Department of Corrections Human Resources Policy, 200.30.507, References Checks – Guidelines for Obtaining and Providing References i. Sample background check authorizations 2. Interviews a. Human Resources Staff Findings (By Provision): 115.17 (a) The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that agency policy prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who: (1) has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution: (2) has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse or (3) has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a) (2) of this section. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA)

(ED 72), in Section VI, A, 1, (p. 4), prohibits the hiring or promoting of anyone who has engaged in sexual abuse in a confinement facility, anyone who has been convicted of engaging, or attempting to engage in, non-consensual sexual activity in the community, or anyone who has been civilly or administratively adjudicated to have engaged in activity described above. Executive Directive 42 Police Contact, Arrest, and Conviction Policy for Current Employees (ED 42) says, in Section VIII, 1, (p. 7), that the DOC will not hire or promote an applicant for a position which may have contact with inmates, offenders or juveniles based on the following PREA standards: 1) Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution or place of detention, 2) Convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse, 3) Civilly or administratively adjudicated to have engaged in the activity described in (1) or (2) above.

The facility provided copies of background check authorizations and reference check paperwork, both of which ask individuals the required questions, on the PAQ. Auditors reviewed the packets and noted that the background check authorizations ask the candidate for employment if they have ever been:
a. engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution or place of detention,
b. convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied, threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse,
c. civilly or administratively adjudicated to have engaged in the activities described above.

Auditors also noted that the candidate reference check forms ask the person providing the reference if they have any knowledge of the employment candidate ever having been engaged in any of the three situations described above.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.17 (b)
The facility indicated, in their response to the PAQ, that agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. ED 72, in Section VI, A, 1, (p. 4), says that the DOC shall consider any incidents of sexual harassment when determining whether to hire, promote or enlist the services of any employee. Auditor's review of the sample application for employment packets reflected that the background check authorization asks the candidate if they have ever engaged in sexual harassment in the community or confinement setting, and the candidate reference check form used asks if the person providing the reference has any knowledge of the candidate ever engaging in any incident of workplace sexual abuse or sexual harassment while employed by their

company. When the Human Resources Administrator was asked if the facility considers prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates, she replied, "absolutely." A review of the documentation provided confirmed her response.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.17 (c) - 1
The facility indicated, in their response to the PAQ, that before hiring any new employees who may have contact with inmates, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. ED 72 says, in Section VI, A, 3, (p. 5), that prior to hiring new staff members and enlisting the services of any employee who may have contact with offenders, the DOC shall perform a criminal background records check. Paragraph a, of the same section, says that the DOC shall make its best effort to obtain (and, when requested, provide) reference information from all prior institutional employers on substantiated allegations of sexual abuse or sexual harassment, or any resignation during a pending investigation of a sexual abuse allegation.

The facility provided a Background Check Procedure that provides guidance on conducting both criminal and non-criminal background checks for applicants, contractors performing work similar to department employees and persons considered for an internship or job shadow. This document identifies that Bureau of Human Resources staff is responsible for conducting and reviewing background checks and that no applicant, contractor or person considered for an internship or job shadow may begin working until a background check has been completed and is approved for hire. The facility provided Department of Corrections Human Resources Policy #200.30.507 Employment References – Guidelines for Obtaining and Providing References, that outlines when background checks are to be completed and describes the methods used, and identifies, in Section III, that the agency also requires a criminal background check to be completed when a current employee is moving to a position which, although it is the same level as the position being vacated and is not a promotion, has significantly different duties than his or her current position.

This policy also identifies, in Section VII, 4, (p. 5), that, in accordance with PREA standards, if a candidate lists a prior confinement entity as a current or past employer on their resume (e.g., federal or state prison, county or local jail), best efforts shall be made to contact the entity as a reference, even if the employee does not list them as a reference. The policy identifies that the Reference Check Form DOC-1098R should be used, for obtaining reference checks, to ensure the proper PREA questions are asked. The facility provided a blank DOC-1098R Candidate Reference Check form that

shows that questions 10 through 12 are additional questions, for positions that may have contact with inmates or juvenile offenders, that ask if the candidate has ever been found to have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution or place of detention, if it has ever been determined that the candidate has ever engaged in any incident of sexual abuse or sexual harassment while employed by the former employer, or if the candidate resigned during a pending investigation of an allegation of sexual abuse or sexual harassment prior to an investigation being completed. Auditor reviewed application packets provided on the PAQ and determined that the required reference checks were completed prior to hire.

115.17 (c) - 2
The facility indicated, in their response to the PAQ, that, in the past 12 months the number of persons hired who may have contact with inmates who have had criminal background record checks was 96. Provided on the PAQ was documentation from three of the new hires. Auditors reviewed the employment files of those staff and determined that the requisite criminal background records check, and reference checks had been done.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.17 (d) - 1
The facility indicated, in their response to the PAQ, that agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with inmates. ED 72, in Section VI, A, 3, (p.5) identifies that prior to hiring new staff members and enlisting the services of any employee who may have contact with offenders, the DOC shall perform a criminal background records check. ED 72 identifies, in Section III, (p.2), that the term, “employee,” means any staff member, contractor or volunteer who performs work inside of a DOC operated facility so that all required criminal background, and employee reference checks, are required of contractors who may have contact with inmates as well. The Human Resources Administrator verified, in an interview, that criminal record background checks for promotions, and for all contractors as well as for new DOC employees and contractors are conducted.

115.17 (d) - 2
The facility identified, in their response to the PAQ, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates as 19. The Human Resources Director said, in an interview, “a staffing agency will hire agency employees, but we do run the background checks. Our contractors are predominantly health care workers.”

A final analysis of the evidence indicates that the facility is in substantial compliance

with this provision.

115.17 (e)
The facility indicated, in their response to the PAQ, that agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with inmates, or that a system is in place for otherwise capturing such information for current employees. ED 72 says, in Section VI, A, 3b, (p. 5), "the DOC shall conduct a criminal background record check every five years for current employees." DOC Library #201.100.0042 Police Contact, Arrest, and Conviction Policy for Current Employees, effective 08/15/2016, says, in Section VIII, (p.7), that, "to maintain compliance with the Prison Rape Elimination Act (PREA) the Department shall conduct background checks either by running fingerprints or processing a criminal background check at least once every five years on current employees who may have contact with inmates, juveniles or offenders." The same policy, in the next paragraph, makes the same requirement for current contractors who may have contact with inmates, juveniles or offenders. An agency procedure, submitted during the pre-onsite phase of the audit, entitled Background Check Procedure, dated 11/26/2018, says, "to maintain compliance with PREA as well the (sic) FBI's CJIS security policies, fingerprints must be retaken at least once every five years." Auditor interviewed the Human Resources Administrator, who, when asked what system the facility presently has in place to conduct criminal record background checks of current employees and contractors who may have contact with inmates said, "we use the Portal 100, the same system that all Wisconsin law enforcement agencies use. We use Portal 100 as our platform to access the same information. And, yes, we do fingerprint every five years. We do it internally and forward it on as necessary."

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.17 (f and g)
The facility submitted, as documentation that it does ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees, the DOC-1098D Background Check Authorization form, that requires all applicants to answer whether they have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution or place of detention, if they have ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied, threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse, and if they have ever been civilly or administratively adjudicated to have engaged in any of these activities. Auditor reviewed the sample background check authorizations, submitted on the PAQ, and noted that the

	applicants had answered those exact questions. ED 42, Police Contact, Arrest, and Conviction Policy for Current Employees imposes a continuing duty to report by saying, in Section VI, Paragraph A, that employees who fail to disclose police contact, arrests and/or criminal convictions, fail to provide accurate details regarding criminal convictions or fail to cooperate in the background check process, including being fingerprinted, may be subject to disciplinary action up to and including discharge. The Human Resources Administrator said, in an interview, “policy requires all staff to report any police contact, to a supervisor, within 48 hours of that contact.” A final analysis of the evidence indicates that the facility is in substantial compliance with these provisions. 115.17 (h) Executive Directive #72 requires, in Section VI, A, 3a, (p. 5), that the DOC provide reference information on substantiated allegations of sexual abuse or sexual harassment or any resignation during a pending investigation of a sexual abuse allegation. The Human Resources Director said, in an interview, “yes, we do.” A final analysis of the evidence indicates that the facility is in substantial compliance with this provision. Corrective Action A final analysis of the evidence indicates that the facility is substantially compliance with this standard. There is no corrective action to take.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (policies, directives, forms, files, records, etc.) a. Pre-Audit Questionnaire b. DOC-2635, Rev. 08/2022, Maintenance Project Request for Approval (blank) 2. Interviews a. Agency Head b. Warden or Designee 3. On-site Observations a. Cameras, in the facility, and review of Control Centers for access to camera monitoring Findings (By Provision): Findings (By Provision): 115.18 (a) The facility indicated, in response to the Pre-Audit Questionnaire (PAQ), that the facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA Audit. They also indicated that the facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, since the last PREA audit. The Warden said, in an interview, “we have added some bullet proof glass and we have added observation decks to give officers an elevated position to be able to see better but we have not made a substantial modification.” 115.18 (b) The facility indicated, in response to the PAQ, that the facility has upgraded select cameras in several areas. The facility staffing plan identified that, in the past year, cameras have been installed in areas where they were not before, and modifications have been made to existing cameras to utilize them in areas previously not used before or to optimize their coverage.”

	A final analysis indicates that the facility is in substantial compliance with this provision. Corrective Action A final analysis indicates that the facility is substantially compliant with this standard. There is no corrective action to take.

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (policies, directives, forms, files, records, etc.) a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 300.06.14 Protection, Gathering and Preservation of Evidence, effective date 10/18/2021 c. Wisconsin Department of Corrections Division of Adult Institutions Policy #:500.30.19 Sexual Abuse – Health Services Unit Procedures in the Event of Sexual Abuse, effective date 04/01/2017 d. Agency Healthcare Manual Reference e. Wisconsin Department of Corrections Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016 f. Agency Inmate Handbook g. Computerized database printout documenting provision of SANE h. Memorandum of Agreement between Wisconsin Department of Corrections and Aurora Health Care Metro, Inc. for provision of Sexual Assault Services i. Agency Victim Services Coordinator Workshop Agenda, dated 04/2020 j. Agency Victim Accompaniment Guide, effective date 04/200 k. Agency Victim Services Coordinator Reference Guide, effective date 04/2020 l. Form DOC-2767 Sexual Abuse Incident Victim Services Coordinator Response Checklist (k) m. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 401.50.04 Support Services and Retaliation Monitoring, effective date 10/18/2021 n. Letter from Wisconsin Department of Corrections Secretary to Law Enforcement agencies requesting compliance with PREA standard 115.21 2. Interviews a. Random Sample of Staff b. SANE/SAFE Staff c. Facility PREA Compliance Manager d. Inmates Who Reported a Sexual Abuse Findings (By Provision): 115.21 (a) - 1

	The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ) that the facility is responsible for conducting administrative sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct.) Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED72), in Section, XVII, A (p.15), says, “The DOC shall ensure that an investigation is completed for all allegations of sexual abuse and sexual harassment, including those received from third-parties and anonymous sources.” 115.21 (a) - 2 The facility indicated, in their response to the PAQ, that the facility is not responsible for conducting criminal sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct). ED 72, Section XVII, B, (p.15), says, “allegations of sexual abuse or sexual harassment that involve potentially criminal behavior shall be referred for investigation to local law enforcement.” 115.21 (a) – 3 The facility indicated, in their response to the PAQ that the Milwaukee Police Department is the local law enforcement agency designated to investigate allegations of sexual abuse that involve potentially criminal behavior. 115.21 (a) - 4 The facility indicated, in their response to the PAQ, that when conducting a sexual abuse investigation, investigators follow a uniform evidence protocol. The evidence protocol followed is outlined in Division of Adult Institutions (DAI) Policy 43 #306.00.14 Protection, Gathering and Preservation of Evidence, in section I, paragraphs, A through D, (p. 2 and 3), in section II, paragraphs A through E, (p. 3), and section III, paragraphs A through I, (pps. 3-6). Auditor noted that the policy, in Section I, B, (pp.2-6) is highly detailed and outlines the entire process, including securing and protecting the scene and the collection, preservation and logging of evidence. Not all of the random staff who were interviewed were familiar with the agency's protocol for obtaining useable physical evidence, specifically they did not articulate that the alleged victim should be requested not to take any action that might destroy useable physical evidence and that alleged perpetrator should be required not to. However, the information is included in agency policy in staff training, and staff have pocket cards with first responder information printed on them. Thus, auditor feels their overlooking this subtle difference was largely due to apprehension about being randomly selected for interview. When specifically asked that question, as opposed to an open-ended question about the difference, all but one of them did recall the correct information. A final analysis of the evidence indicates that the facility is in substantial compliance with this provision. 115.21 (b) - 1 The facility indicated, in their response to the PAQ, that this portion of the standard does not apply because the facility does not house youthful offenders and there is no requirement for the protocol to be developmentally appropriate for youth. The auditor

was able to verify through facility records and staff interviews that there were no youth housed at the Milwaukee Secure Detention Facility (MSDF) during the 12-month review period.

115.21 (b) - 2
The facility indicated, in their response to the PAQ, that the protocol was not adapted from, or otherwise based on, the most recent edition of the DOJ Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed atter 2011. Instead, the facility indicated that, "the Wisconsin Department of Corrections (DOC) healthcare clinicians do not conduct SANE examinations. Inmates alleging sexual abuse are transported to a local community hospital for treatment and evidence collection. As such, DOC does not implement a forensic medical examination protocol, which is developmentally appropriate or based upon, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/ Adolescents," or similarly comprehensive and authoritative source. Rather, DOC Conforms to healthcare standards in, "Standards for Health Services in Prisons (2014 ed). (2019). Chicago, Illinois: National Commission on Correctional Health Care."

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.21 (c) - 1
The facility indicated, in their response to the PAQ, that the facility offers all inmates who experience sexual abuse access to forensic medical examinations. ED 72, in Section XVI, B, (p.14), identifies that victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and that forensic medical examinations will be performed by Sexual Assault Nurse Examiners (SANEs) where possible. The facility PREA Compliance Manager (PCM) identified, during an onsite interview, that Aurora Sinai Medical Center in Milwaukee, employs SANEs, both scheduled and on-call, that a SANE is always available, and that the facility will transport any alleged victim who requires a forensic exam to the hospital. Auditor conducted a telephone interview with staff at Aurora Sanai Medical Center who verified that there is always a SANE either on duty or on call. She said that they do perform SANE exams for inmates.

115.21 (c) - 2
The facility indicated, in their response to the PAQ, that the facility does not offer all inmates who experience sexual abuse access to forensic medical examinations onsite because the facility does not conduct forensic exams. This information was verified during an onsite interview with the facility Nurse Manager who verified that the facility does not conduct forensic exams but would send victims to Aurora Sinai Medical Center, in Milwaukee, where the service is available.

115.21 (c) - 3
The facility indicated, in their response to the PAQ, that the agency does offer all inmates who experience sexual abuse access to forensic medical examinations at an

	outside facility. DAI Policy #: 500.30.19 Sexual Abuse - Health Services Unit Procedure in the Event of Sexual Abuse, identified, in Section III, C, (p.4) that when it is determined evidentiarily or medically appropriate by health care staff in consultation with the SANE, staff will send the alleged victim to the designated Emergency Room (ER) for the SANE to conduct an evidentiary exam. The policy goes on to say that an alleged victim cannot refuse to be transported to the ER but may refuse to be evaluated once at the ER. A telephone interview, with staff at Aurora Sanai Medical Center, conducted during the post-onsite phase of the audit, confirmed that the hospital will conduct SANE exams for the facility upon request. 115.21 (c) - 4 The facility indicated, in their response to the PAQ, that forensic medical examinations are offered without financial cost to the victim. ED 72, Section XVI, B, 3, (p.14), identifies that, " . . . all victims shall be offered access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate." The Inmate Handbook also identifies that inmates have the right to receive free medical and mental health care following an incident of sexual abuse or sexual harassment and this was verified by facility staff. 115.21 (c) - 5 The facility indicated, in their response to the PAQ, that, where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiner (SANEs). ED 72, Section XVI, B, 3, (p.14), identifies that, " . . . all victims shall be offered access to forensic medical examinations, whether on-site or at an outside facility, . . . where evidentiary or medically appropriate." Division of Adult Institutions (DAI) Policy #: 500.30.19 Sexual Abuse – Health Services Unit Procedure in the Event of Sexual Abuse, identifies, in Section III, C, (p.) that when it is determined evidentiarily or medically appropriate by health care staff in consultation with the SANE, staff will send the alleged victim to the designated ER for the SANE to conduct an evidentiary exam. Auditor interviewed a SANE at Aurora Sanai Medical Center who confirmed that there is always a SANE on duty, or on call, and that Aurora Sanai Medical Center will conduct forensic exams for inmates from the facility upon request. 115.21 (c) - 6 The facility indicated, in their response to the PAQ, that when SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations. ED 72 says, in Section XVI, B, 3, (.14) that if SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. 115.21 (c) - 7, 8, 9 and 10 The facility indicated, in their response to the PAQ, that the facility documents efforts to provide SANEs or SAFEs. The facility also indicated, in their response to the PAQ, that the number of forensic medical exams conducted, during the past 12 months, was one, that the number of exams performed by SANEs/SAFEs, during the past 12 months was one, and the number of exams performed by qualified medical practitioners, during the past 12 months was zero. The facility provided, on the PAQ, documentation of the one SANE exam that was conducted in the past 12 months.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.21 (d) - 1
The facility indicated, in their response to the PAQ, that the facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means. ED 72 says, in Section XVI, B, 4, (p. 14), that the facility shall attempt to make an advocate from a local sexual assault service provider (SASP) available to accompany and support victims through a forensic medical examination process and investigatory interviews. It also says that if the victim requests the service, the SASP shall also provide emotional support, crisis intervention, information and referrals. The facility provided, as documentation, a Memorandum of Understanding (MOU), dated 08/2020, between the Wisconsin Department of Corrections (WDOC) and Aurora Health Care Metro, Inc., in Milwaukee, WI. According to the MOU, Aurora Metro Health Care Metro, Inc., will provide services such as an advocate to accompany and support victims of sexual abuse through a forensic medical examination and investigatory processes, emotional support, crisis intervention, information and referral to victims of sexual abuse in confinement at MSDF. Auditor interviewed a representative from the agency who confirmed that the services identified in the MOU are provided upon request for inmates housed at MSDF. Staff said that the agency serves the public, as well as several other correctional facilities in the area, and that the staff is trained and qualified to serve in this role. In an interview conducted onsite, the facility PCM verified that the advocacy agency the facility uses is Aurora Health Care Metro, Inc., that the DOC has an MOU with them, and that they can call them if they have an inmate victim who requests their services. He said that the advocacy agency telephone number is on the posters in all the housing units, and other locations throughout the facility, and that staff will also reach out to the advocacy agency if the need arises. He also said, “we have met our advocacy people. We went and met them at the hospital just prior to the pandemic and we talked about them coming in and taking a tour.” Two inmates who reported a sexual abuse were interviewed and one said they were not offered a SANE exam and the other said they did talk to staff at the hospital.

115.21 (d) - 2
The facility indicated, in their response to the PAQ, that the facility's attempts to make a victim advocate from a rape crisis center available either in person or by other means, are documented. ED 72 requires, in Section XVI, B, 4, (p. 14), that the facility's efforts to secure services from a local SASP be documented. The facility provided forms used to document efforts to provide these services. Form DOC-2767, Sexual Abuse Incident Victim Services Coordinator Response Checklist is used to document a referral made by the facility Victim Services Coordinator.

115.21 (d) - 3
The facility indicated, in their response to the PAQ, that when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.

	ED 72 says, in Section XVI, B, 4, (p.14) that if a SASP in not available to provide victim advocate services, the DOC shall make available a member who has been screened for appropriateness to serve in this role. The facility submitted, as verification of staff who are appropriately trained to service in this role, a Notice of Support Services Workshop for WDOC Victim Services Coordinators, a WDOC PREA Victim Accompaniment Guide, and an Agency Victim Service Coordinator's Guide, all of which are used as training materials to train facility staff identified as a Victim Services Coordinator. A final analysis of the evidence indicates that the facility is in substantial compliance with this provision. 115.21 (e) The facility indicated, in their response to the PAQ, that, if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals. ED 72 XVI, B, 4, (p.14) The facility shall attempt to make available to the victim an advocate from a local sexual assault service provider to accompany and support the victim through the forensic medical examination process and investigatory interviews. It goes on to say that if a SASP is not available to provide victim advocate services, the DOC shall make available a member who has been screen for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues. Aurora Health Care Metro, Inc., provides advocacy services to inmates and will accompany an inmate through investigatory interviews if that service is requested. The facility PCM verified this as did staff at the sexual assault service provider. A final analysis of the evidence indicates that the facility is in substantial compliance with this provision. 115.21 (f) The facility indicated, in their response to the PAQ, the agency does conduct administrative administrations of sexual abuse but does not conduct criminal investigations. Allegations of sexual abuse that may involve criminal behavior are referred to local law enforcement, in this case the Milwaukee Police Department, and the agency has requested that the responsible agency follow the requirement of paragraphs 115.21 (a) through (e) of the standards. Presented as documentation of this request was a copy of a letter, sent by DOC Secretary, Kevin Carr, to law enforcement agencies used by the WDOC to investigate allegations of sexual assault, in WDOC facilities of confinement, requesting that they comply with the requirements of Standard 115.21 (a) through (e). The letter is dated March 11, 2019.

	A final analysis of the evidence indicates that the facility is in substantial compliance with this provision. 115.21 (h) The Warden identified that a qualified advocate is available through Aurora Health Care Metro, Inc., and that there are staff, at the facility, who are also qualified to serve in that role. Those staff are called Victim Services Advocates. Sample training materials used for training staff to act as advocates was provided. A final analysis of the evidence indicates that the facility is in substantial compliance with this provision. Corrective Action: A final analysis of the evidence indicates that the facility is substantially compliant with this provision. There is no corrective action to take.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (policies, directives, forms, files, records, etc.) a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Executive Directive #72 Sexual Abuse and Sexual Harassment Confinement (PREA), effective date 01/11/2016 c. Spreadsheet listing all allegations of sexual abuse and sexual harassment, at the facility, in the past 12 months d. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 303.00.05 Law Enforcement Referrals, effective date 07/25/2022 e. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 306.00.15 Inmate Investigations, effective date 05/27/2021 e. Wisconsin Department of Corrections Human Resources Policy 200.30.304 Employee Disciplinary Investigations f. Agency Website Reference 2. Interviews a. Agency Head b. Investigative Staff Findings (By Provision): 115.22 (a) - 1 The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including inmate-on-inmate sexual abuse and staff sexual misconduct.) They said that all reports of sexual misconduct are documented and tracked for appropriate response. Those that meet the definitions of sexual abuse or sexual harassment transition to an administrative investigation. The facility makes a referral to law enforcement for criminal conduct when indicated. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72) says, in Section XVII, A, (p.15), that the agency will ensure that an investigation is completed for all allegations of sexual abuse and sexual harassment. The Agency Head said, in a telephone interview conducted during the post-onsite phase of the audit, “Executive Directive 72 requires that we conduct

an investigation for every allegation, so we do. We do fact finding, interviews, and, depending on what we find, we will refer to law enforcement at the right time. We use the City of Milwaukee Police Department or a County Sheriff's Office, and we are very lucky to have great partners."

115.22 (a) 2
The facility indicated, on the PAQ that, in the past 12 months, five allegations of sexual abuse and sexual harassment were received.

115.22 (a) - 3
The facility reported, on the PAQ, that in the past 12 months, the number of allegations resulting in an administrative investigation was five.

115.22 (a) - 4
The facility reported, on the PAQ, that in the past 12 months, the number of allegations referred for criminal investigation was five.

115.22 (a) - 5
The facility reported, on the PAQ, that, of the five allegations of sexual abuse or sexual harassment, that were received in the past 12 months, one investigation remains ongoing.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.22 (b) - 1
The facility indicated, in their response to the PAQ, that the agency's policy requires that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. ED 72, in Section XVII, B, (p. 15), says that allegations of sexual abuse or sexual harassment that involve potential criminal behavior will be referred for investigation to local law enforcement and that all such referrals will be documented. Division of Adult Institutions (DAI) Policy #303.00.05, Law Enforcement Referrals, identifies a variety of offenses that the Warden/Designee shall refer to Law Enforcement for investigation. On that list is, "Sexual abuse per Executive Directive 72, Staff sexual assault of an offender per Executive Directive 16A, and Sexual assault per Wisconsin Statutes s. 940.225." This policy also identifies that the Warden may also refer, to law enforcement, "any other incident deemed appropriate." The Agency Head said, in an interview, "immediately following an incident, and the resolution of any health or safety concerns, the Security Director, or designee, will assign a pair of investigators and the lead investigator will have had specialized PREA investigator training. The Security Director will also notify the PREA office of the investigation and assignment of investigators and will notify law enforcement if criminal behavior may be involved. We will run a parallel investigation unless law enforcement asks us to hold off until they are done. We will provide any information, physical evidence, video surveillance, telephone recordings, interviews, to the agency performing the criminal investigation. "

115.22 (b) - 2
The facility indicated, in their response to the PAQ, that the agency’s policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website or made publicly available via other means. The facility offered, as documentation, a printout of a page found on the agency web site that details the agency’s policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation. In addition, auditors reviewed the agency web site and were able to determine that the agency's policy, regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation, is published on the agency website.

115.22 (b) - 3
The facility indicated, in their response to the PAQ, that the agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. An investigator who was interviewed said, “If we consider that a crime has been committed, we refer to Milwaukee City Police as soon as we become aware of it. If it is something that happened elsewhere, like in one of the suburbs, then we will refer to their police department.”

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.22 (c) - 1
The facility indicated, in their response to the PAQ, that information published on the agency website, regarding investigations of allegations of sexual abuse and sexual harassment refers the reader to ED 72 where the responsibilities of both parties are listed. The website identifies that the agency PREA Office educates and trains offenders, staff, and community partners regarding PREA, reviews and conducts administrative investigations of sexual abuse and sexual harassment allegations, provides technical assistance and interpretation of PREA standards, coordinates PREA compliance and auditing, and collects and analyzes data. It also identifies that local law enforcement agencies investigate allegations of sexual abuse when the alleged conduct involves potentially criminal behavior.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

Corrective Action:
A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (policies, directives, forms, files, records, etc.) a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Correctional Officer Preservice Program c. Wisconsin Department of Corrections Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016 d. Agency Newsletters, dated Fall 2019, Fall 2020, Spring 2018 and Spring 2020 e. Agency Refresher Training Modules, dated 2017, 2019, and 2021 f. Form DOC-1558, Revised 06/2018, Employment Statement of Acknowledgement g. Printout from computerized database documenting trainings completed by facility staff 2. Interviews a. Random Sample of Staff Findings (By Provision): 115.31 (a) 1 - 10 The facility indicated, in their response to the Pre-Audit Questionnaire, (PAQ), that the agency trains all employees who may have contact with inmates on the agency's zero-tolerance policy for sexual abuse and sexual harassment by saying that all new staff are required to complete the training module "PREA," and that all staff were required to complete this module in the fall of 2015. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), in Section XI, A, 1, (p. 7), requires the agency to train all employees who may have contact with prisoners on: a. the department's zero-tolerance policy for sexual abuse and sexual harassment, b. how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures, c. the right of inmates to be free from sexual abuse and sexual harassment, d. the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment, e. the dynamics of sexual abuse and sexual harassment in confinement, f. the common reactions of sexual abuse and sexual harassment victims, g. how to detect and respond to signs of threatened and actual sexual abuse, h. how to avoid inappropriate relationships with inmates, I. how to communicate professionally with inmates, including lesbian, gay, bisexual,

transgender, intersex, or gender-nonconforming inmates, and
k. how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

The policy goes on to say, “All staff members shall receive training every two years; in years in which a staff member does not receive such training, the DOC shall provide refresher information on current sexual abuse and sexual harassment policies.” “Staff are required to acknowledge and certify to the Department of Corrections (DOC) through signature or electronic verification, that they understand the training they received.”

The facility provided a copy of a DOC Correctional Officer Pre-service Curriculum, effective date 01/2015, that outlines training given at the Officer’s Academy. This training is required prior to new Correctional Officers working inside any of the agency’s facilities. The Auditor reviewed the program and identified that PREA training is a part of the pre-service training program.

The facility also provided screen shots of the required online module all staff are required to complete. The module is narrated, and knowledge checks are spaced throughout; understanding is assessed at the end, in the form of a “final exam.” The module informs trainees that they must achieve a score of 80% or higher, on the final exam and completion of training is tracked electronically. The auditor reviewed the entire module and ascertained that all the items listed above were included in the training. Twelve staff were randomly chosen for interview, during the onsite phase of the audit, and all of them were able to articulate the training they received and were able to identify the above components of the training. Auditors reviewed the staff training records provided on the PAQ. The printouts list the names of the staff, their current positions in the facility, and all PREA trainings completed. Auditors noted posters, with PREA information printed on them, throughout the facility and staff showed auditors pocket cards, provided by the facility, with PREA information on them that staff can use as reminders throughout their work time.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.31 (b) 1 and 2
The facility indicated, in their response to the PAQ, that training is tailored to the gender of the inmates at the facility. ED 72 identifies, in Section XI, A, 1, (p.7), that the agency will train all new staff members, that all staff members shall receive training every two years, and that in years in which a staff member does not receive such refresher training, the DOC shall provide refresher information on current sexual abuse and sexual harassment policies. The policy identifies topics staff will be trained on, including all topics listed in 115.31 (a) 1 – 10, as well as “instruction tailored to male and female offenders.” Auditor reviewed the training module all staff are required to complete and ascertained that the training is gender neutral and is applicable to working with both male and female inmates. In addition, the facility uses a brochure as additional training for staff who are reassigned from facilities

	housing the opposite gender facility, entitled, “Sexual Misconduct and Harassment Brochure.” A final analysis of the evidence indicates that the facility is in substantial compliance with this provision. 115.31 (c) - 2 and 3 The facility indicated, in their response to the PAQ, that, between trainings, the agency provides employees who may have contact with inmates with refresher information about current policies regarding sexual abuse and sexual harassment. ED 72 requires, in section XI, A, 1, (p.7), that all staff members receive training every two years and that in years during which staff members do not receive training, the DOC will provide refresher information on current sexual abuse and sexual harassment policies. The facility provided copies of refresher trainings provided to staff in 2017, 2019, and 2021. Completions are tracked electronically. All 12 random staff who were interviewed were able to ascertain they do receive the PREA training every two years and the refresher information in the in-between years. A final analysis of the evidence indicates that the facility is in substantial compliance with this provision. 115.31 (d) - 1 The facility indicated, in their response to the PAQ, that the agency documents that employee who may have contact with inmates understand the training they have received through employee signature or electronic verification. ED 72 identifies, in Section XI, A, 1, (p. 7), that, “each staff member shall acknowledge and certify to the DOC, through signature or electronic verification, that they understand the training they received." The facility provided a printout from an agency computerized database showing facility employees’ completion of the required training. A final analysis of the evidence indicates that the facility is in substantial compliance with this provision. Corrective Action A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no corrective action to take.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (policies, directives, forms, files, records, etc.) a. Pre-Audit Questionnaire b. Agency Brochure, Sexual Abuse and Sexual Harassment in Confinement, A Guide for Volunteers and Contractors c. Form POC-0080, Revised 2019, Division of Adult Institutions Brief Volunteer Orientation d. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 309.06.03, Volunteers, Pastoral Visitors, Program Guests and Interns, effective date 05/17/2019 e. Wisconsin Department of Corrections Contractor and Volunteer Training, Sexual Abuse and Sexual Harassment in Confinement Prison Rape Elimination Act f. Wisconsin Department of Corrections Division of Adult Institutions Volunteer, Pastoral Visitor, Program Guest & Intern Orientation Manual i. Form DOC-2786, Revised 5/2016, Contractor Statement of Acknowledgment j. Form DOC-2674, Revised 08/2022, Division of Adult Institutions Volunteer Application k. Memo from Kelli West to Department of Corrections Division of Adult Institutions Volunteer Coordinators, dated 08/16/2022 l. Form DOC-2809 Volunteer Orientation Roster Attendance Record m. Sample Volunteer Application, Volunteer/Statement of Acknowledgement, and Volunteer Orientation Roster 2. Interviews a. Volunteers and Contractors who have Contact with Inmates Findings (By Provision): 115.32 (a) - 1 and 2 The facility indicated, in their response to the Pre-Audit Questionnaire, (PAQ), that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. Wisconsin Department of Corrections Division of Adult Institutions (DAI) Policy #: 309.06.03 Volunteers, Pastoral Visitors, Program Guests and Interns, specifies, in Section VI, A, (p.) 10, that Volunteers are required to complete an orientation prior to facility entry and inmate

interaction, based upon type, frequency and level of inmate contact. It identifies as minimum expectations for all DAI volunteers, a full orientation for any volunteer entering any DAI facility five or more times per year, or a brief orientation, for any volunteer, entering any facility four or fewer times per year. The policy also identifies that the full orientation should be provided by facility staff and should include a thorough review of the standardized Volunteer Manual (POC-0079) and requires that volunteer training provided be documented in the appropriate agency computerized database. The brief orientation is required to include a review of the standardized brief orientation Form (POC-0080) and can be conducted by phone or e-mail. The policy also requires that all DAI volunteers be required to undergo orientation once per calendar year to maintain active status and that the facility is to require each volunteer to sign a DOC-2809 to verify their attendance at the volunteer orientation. Interviews with two active volunteers verified that they did receive volunteer orientation prior to beginning their volunteer service.

The facility presented materials used to train volunteers and contractors before they have contact with inmates. The documentation included the Agency Volunteer Orientation Guide, form POC – 0080 that instructs volunteers to carefully review the DOC pamphlet regarding the Federal Prison Rape Elimination Act of 2003 (PRREA), and advises them that the Department of Corrections (DOC) has a zero-tolerance standard for sexual abuse and sexual harassment, that inmates cannot legally consent to any sexual contact, and that volunteers are obligated to immediately report any information (including suspicion) about inmate victimization, retaliation or neglect. Other training materials included a brochure entitled, “Sexual Abuse and Sexual Harassment in Confinement: A Guide for Volunteers and Contractors,” an orientation guide entitled, “DAI Volunteer, Pastoral Visitor, Program Guest & Intern Orientation,” and a contractor and volunteer training module. Auditor reviewed these materials and noted that they do contain training on the agency’s zero-tolerance policy and on the Prison Rape Elimination Act (PREA). The pamphlet, "Sexual Abuse and Sexual Harassment in Confinement: A Guide for Volunteers and Contractors," contains information on responsibilities of reporting any knowledge, suspicion or information about sexual abuse or sexual harassment, retaliation against a victim or reporter, and violation of responsibilities that may have contributed to an incident or retaliation. The training materials contain definitions of sexual abuse and sexual harassment and describe, "red flags," that may indicate abuse. They also provide different avenues for reporting sexual abuse or sexual harassment.

The facility indicated, in their response to the PAQ, that 122 volunteers and contractors, who may have contact with inmates, have been trained in agency policies and procedures regarding sexual abuse and sexual harassment. Auditor interviewed a volunteer, via telephone, who indicated that he had received PREA training prior to interacting with inmates inside the facility and has received PREA education. Auditor also interviewed contracted medical staff who also confirmed having received PREA training from the facility as well as from their own employers.

	A final analysis of the evidence indicates that the facility is in substantial compliance with this provision. 115.32 (b) - 1 and 2 The facility indicated, in their response to the PAQ, that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. DAI Policy #: 309.06.03 Volunteers, Pastoral Visitors, Program Guests and Interns, specifies, in Section VI, A, (p.) 10, that Volunteers are required to complete an orientation prior to facility entry and inmate interaction, based upon type, frequency and level of inmate contact. It identifies as minimum expectations for all DAI volunteers, a full orientation for any volunteer entering any DAI facility five or more times per year, or a brief orientation, for any volunteer, entering any facility four or fewer times per year. Contracted employees, who come into the facility to perform short-term jobs, such as those who work inside the facility when electronic monitoring systems are upgraded or new cameras are installed, are required to complete a brief orientation. Contracted employees, such as the health care staff who work there full-time, are required to complete the same computer-based training, including achieving a passing score on a knowledge quiz, that regular agency employees are required to complete. Auditors interviewed a contracted employee during the onsite portion of the audit, who verified that she had received the PREA training that all employees received. The contractor verified that she had received all of the appropriate orientation prior to entering the facility. A final analysis of the evidence indicates that the facility is in substantial compliance with this provision. 115.32.(c) - 1 The facility indicated, in their response to the PAQ, that the agency maintains documentation confirming that volunteers and contractors understand the training they receive. They submitted, as documentation, an approved volunteer application that demonstrated the orientation provided and the volunteer’s signature indicating that they understood the training they received. A final analysis of the evidence indicates that the facility is in substantial compliance with this provision. Corrective Action A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no corrective action to take.

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	1. Documents: (policies, directives, forms, files, records, etc.) a. Pre-Audit Questionnaire b. Agency Video References c. Form POC-0041C, Revised 1/2022, Inmate PREA Education Facilitator Guide d. Form POC-0041B, Revised 01/2022, Agency Handbook Addendum, Sexual Abuse in Confinement A Resource for Offenders e. Agency Inmate Handbook f. Agency Inmate ID Card Statement g. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 410.20.01, effective date 05/17/2021 h. Inmate Education Directive, dated 12/17/2015 i. Wisconsin Department of Corrections Executive Directive #72 Sexual Assault and Sexual Harassment in Confinement (PREA), effective date 01/11/2016 j. Agency Inmate Handbook, Spanish k. Agency Braille Reference l. Agency Audio Reference m. Agency Inmate Acknowledgement, Spanish n. Agency Inmate Acknowledgement o. Agency Inmate Acknowledgement User Guide p. Computerized Database Printout of Inmate Education Acknowledgements, 09/2021 to 08/2022 q. Sample (20) Inmate Acknowledgement of Receipt of/Access to Information Prison Rape Elimination Act (PREA) Education 2. Interviews a. Intake Staff b. Random Sample of Inmates Findings (By Provision): 115.33 (a) - 1 The facility indicated, in their response to the PAQ, that inmates receive information, at time of intake, about the agency's zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. Division of Adult Institutions (DAI) Policy #410.20.01, in Section 1, (p.1), requires that, upon arrival at an intake facility, each inmate receive Inmate PREA Education, including viewing a

video entitled, “Sexual Abuse and Sexual Harassment Prevention and Intervention,” and an agency handbook addendum with local sexual assault service provider contact information. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), in Section XI, B, 1, (p. 8), says that at intake, offenders shall receive information detailing the Department of Corrections’ (DOC) zero-tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents and suspicions. Of the 30 inmates who were interviewed, 26 said they received the information, at time of intake, about the agency’s zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. They said they received the information either the day they arrived or the day after. They said they viewed a video and received an inmate handbook, in either English or Spanish, as appropriate. In addition to the material presented at intake, as of December 19, 2018, the agency's zero tolerance statement and reporting methods are printed on the back of new, or reprinted, inmate identification cards. The facility provided copies of the inmate handbook, in both English and Spanish, the handbook addendum, also in English and Spanish, which lists a telephone number for a local sexual assault service provider. The agency also provided a list of versions of the video, “Sexual Abuse and Sexual Harassment Prevention and Intervention,” that are available, including videos suited for male inmates in English, Spanish and with English subtitles, and for females, in English, Spanish and with English Subtitles. The list presented identifies that the facility plays the appropriate video(s) depending on the audience’s needs.

115.33 (a) - 2
The facility indicated, in their response to the PAQ, that the number of inmates admitted, in the past 12 months, who were given the above information, at intake, as 3246. Auditor interviewed Intake staff who said that inmates are given the information at intake and demonstrated that information regarding the agency's zero-tolerance policy and ways to report incidents of sexual abuse and sexual harassment are printed on the back of all inmate ID cards which inmates receive at the time of admission to the facility. Of the 30 inmates who were interviewed, 26 of them said they received the information, at time of intake or the following day, about the agency’s zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. They said they viewed a video and received an inmate handbook, in either English or Spanish, as appropriate.

A final analysis of the evidence indicates the facility is substantially compliant with this provision.

115.33 (b) - 1
The facility indicated, in their response to the PAQ, that 1117 inmates were admitted during the past 12 months, whose length of stay in the facility was for 30 days or more, who received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and

on agency policies and procedures for responding to such incidents within 30 days of intake. The facility reports that 100% of inmates who were admitted during the past 12 months, whose length of stay in the facility was for 30 days or more, received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake.

The facility provided nine sample Acknowledgment of Receipt of/Access to Information Prison Rape Elimination Act (PREA) Education forms. They also provided a computerized database printout that records all prisoner education provided during a certain time frame, in this instance, from 09/2021 through 08/2022. All of them showed that the Orientation was received, by inmates, well within the required 30-day time frame. Twenty-six inmates who were interviewed verified that they were given orientation within 30 days of arrival at the facility

A final analysis of the evidence indicates the facility is substantially compliant with this provision.

115.33 © - 1, 2, and 3
The facility indicated that all inmates currently housed at the institution have been educated within 30 days of admission.. Staff explained that all inmates, after being processed into the facility, are housed in an Intake Unit, as an initial placement, and that prisoner orientation is conducted while inmates are housed in this unit.

115.33 © - 4
The facility indicated, in their response to the PAQ, that agency policy does require that inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents, to the extent that the policies and procedures of the new facility differ from those of the previous facility. ED 72 says, in Section XI, B, 3, (p. 8), that, “upon transfer to another facility, offenders shall receive education specific to the facility’s sexual abuse, sexual harassment and report-related retaliation policies and procedures to the extent they differ from the previous facility.” DAI Policy #: 410.20.01, Inmate PREA Education, says, in Section II, A, (p.2), “within 30 days of transfer, each inmate shall be provided comprehensive PREA education, which includes, at minimum, a staff facilitated discussion of:

1. The agency’s zero tolerance for sexual abuse, sexual harassment, and report-related retaliation,
2. Sexual abuse and sexual harassment reporting options,
3. The facility’s cross-gender announcement procedure,
4. Local sexual assault service provider contact information,
5. The facility’s response procedure,
6. Notable facility specific PREA procedures.”

A final analysis of the evidence indicates the facility is compliant with all aspects of this provision.

115.33 (d) – 1

The facility indicated, in their response to the PAQ, that inmate PREA education is available in formats accessible to all inmates, including those are limited English proficient. ED 72 says, in Section XI, B, 4, (p.8), that offenders with disabilities or who have limited English proficiency shall have an equal opportunity to participate in or benefit from all aspects of the DOC's efforts to prevent, detect and respond to sexual abuse and sexual harassment. This includes providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, in addition to the provision of offender education in formats accessible to all. Written materials shall be provided in formats or methods that ensure effective communication with offenders with disabilities. DAI Policy #:410.20.01 Inmate PREA Education says, in Section III, A, 1, 2 and 3, (p. 2-3), that inmates with disabilities or who have limited English proficiency shall be provided with access to interpreters or alternate formats to assist them with comprehension of the information. Identified by the policy as alternate formats of education are Spanish versions of the Inmate Handbook and the Handbook Addendum that provides contact information for emotional counseling, both of which were provided by the facility as examples, and Spanish and subtitled versions of the PREA education video, which Auditor verified are available on YouTube. A LEP inmate who was interviewed verified that information has been presented to him in a manner that he can understand.

115.33 (d) - 2

The facility indicated, in their response to the PAQ that inmate PREA education is available in formats accessible to all inmates, including those who are deaf, visually impaired, limited in reading skills and to those who are otherwise disabled. Presented as inmate education materials suitable for inmates who are deaf was the printed inmate handbook and a list of videos with subtitles that are available on YouTube, which Auditor viewed. Auditor also confirmed that the PREA video delivers information in a manner suitable for inmates who are visually impaired. In addition, a Braille version of the inmate handbook is available, by request, from the agency's PREA office. Auditor viewed this Braille version at an earlier audit of another facility, and PREA Director verified that it is still available. The facility indicated, in their response to the PAQ, that PREA Information is available in written materials printed in both Spanish and English and on video with closed caption. The facility indicated that there are no inmates who are either physically or cognitively disabled currently housed at the facility.

A final analysis of the evidence indicates the facility is substantially compliant with this provision.

	115.33 € - 1 The agency indicated, in their response to the PAQ, that they do maintain documentation of inmate participation in PREA education sessions. They said that participation and documentation are recorded electronically using a signature pad and that the automated form is stored in the inmate's record. Auditors received a computerized database printout that recorded all admissions, to the facility, between 09/2021 and 08/2022. The printout identified the date of admission and the date of inmate's acknowledgement of PREA Education. A final analysis of the evidence indicates the facility is substantially compliant with this provision. 115.33 (f) - 1 The facility indicated, in their response to the PAQ, that the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks, or other written formats. Auditors noted, during the site review, that information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks, and on the back of every inmate's ID card. Auditors noted PREA posters, in every housing unit, in the Dining Room, and in classrooms and other places that inmates frequent. In addition, the video is played, in the Intake area, for inmates to observe as they await being processed into the facility. A final analysis of the evidence indicates the facility is substantially compliant with this provision. Corrective Action A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (policies, directives, forms, files, records, etc.) a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016 c. Agency Investigation Resource Guide, effective date 03/2021 d. Agency Investigation Training Module, dated 2022 e. Computerized database printout showing all staff trained to investigate report of sexual abuse and sexual harassment in confinement for the Wisconsin Department of Corrections 2. Interviews a. Investigative Staff Findings (By Provision): 115.34 (a) - 1 The facility indicated, in their response to the Pre-Audit Questionnaire, (PAQ), that agency policy requires that investigators be trained in conducting sexual abuse investigations in confinement settings. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72) says, in Section XI, A, 4, (p. 8), that staff who investigate incidents of sexual abuse and sexual harassment shall receive specialized training on techniques for interviewing sexual abuse victims, proper use of Miranda, Garrity and Oddsen warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecutorial referral. The facility presented a copy of their investigator training module. Auditor reviewed the module and determined that it does cover investigation of sexual abuse allegations made in confinement settings. A facility investigator was interviewed who confirmed receipt of training specific to conducting sexual abuse investigations in confinement settings and identified that the training covered all the required subjects including techniques for interviewing sexual abuse victims, proper use of Miranda, Garrity and Oddsen warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or

	prosecutorial referral. A final analysis of the evidence indicates that the facility is in substantial compliance with this provision. 115.34 (b) Auditor reviewed the training module provided by the facility. The training provides an overview of investigations, distinguishes between myths and facts, talks about the purpose, authority and policies regarding investigations, talks about types of investigations and lays out the investigation process, covers forms, investigative tools and resources, defines and gives definitions of sexual misconduct, provides a section on interviewing, and includes a trainee exercise. The investigative staff who was interviewed verified having received this training. A final analysis of the evidence indicates that the facility is in substantial compliance with this provision. 115.34 © - 1 and 2 The facility indicated, in their response to the PAQ, that the agency maintains documentation showing that investigators have completed the required training. ED 72, in section XI, paragraph A, No. 4, (p.8), requires the agency to maintain documentation of the training completions. Reported on the PAQ was that the agency currently employs 499 investigators who have completed the specialized training. The facility provided a computerized database printout that the agency uses to record agency investigators completion of the appropriate training. The database groups the investigators who have completed the training by agency institution. Auditor noted that the name of the investigator, who was interviewed, did appear on the list. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. Corrective Action: A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no corrective action to take.

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (policies, directives, forms, files, records, etc.) a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Executive Directive #72 Sexual Assault and Sexual Harassment in Confinement (PREA), effective date 01/11/2016 c. PREA Healthcare for Staff, Training Module for Healthcare Staff d. Excel spreadsheet documenting healthcare training completions. 2. Interviews a. Medical and Mental Health Staff Findings (By Provision): 115.35 (a) - 1 The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), in Section XI, A, 5, (p.8), requires all medical and mental health care practitioners, who work regularly in agency facilities, to be trained on how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how, and to whom, to report allegations or suspicions of sexual abuse and sexual harassment. The facility submitted screenshots of the online module all Wisconsin Department of Corrections healthcare employees are required to complete upon hire and in yearly trainings. Understanding of the training is assessed at the end of the module, in the form of a quiz. Receipt of the training is tracked electronically. Auditor reviewed the module and found that the training does cover the topics required by agency policy. The facility also presented a training module, PREA training for healthcare staff. The facility indicated, on the PAQ, that the number of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy is 41. The facility presented a database printout that lists medical and mental health staff who have received the training. Auditor determined that all

	medical and mental health staff, at the facility, have been properly trained. 115.35 (a) - 2 The facility indicated, in their response to the PAQ, that 41 medical and mental health care staff, who work regularly at the facility, completed the required training. Auditors interviewed healthcare staff who confirmed that they had received both the regular employee PREA training and the PREA training for healthcare staff. 115.35 (a) – 3 The facility indicated, in their response to the PAQ, that 100 percent of all medical and mental health care practitioners who work regularly at this facility have received the training required by agency policy. The facility presented documentation verifying that 100% of Health Care Staff, at the facility, have received the training required by agency policy. A final analysis of the evidence indicates that the facility is in substantial compliance with this provision. 115.35 (b) – 1 The facility indicated, in their response to the PAQ, that the medical staff, at the facility do not conduct forensic medical exams. If a forensic exam is needed, the facility will transfer an inmate to Aurora Sinai Hospital, in Milwaukee, WI for that service. The Nursing Supervisor confirmed, in an interview, that forensic exams are not done at the facility and a phone call to Aurora Sinai confirmed that the hospital will perform SANE exams for the Milwaukee Secure Detention Facility (MSDF) and that a SANE is always available, either on-site or on call. A final analysis of the evidence indicates that the facility is in substantial compliance with this provision. 1151.35 © - 1 The facility indicated, in their response to the PAQ, that the agency maintains documentation showing that medical and mental health practitioners have completed the required training. Presented as documentation of appropriate staff training was an excel spreadsheet printout verifying that all healthcare staff have been properly trained. A final analysis of the evidence indicates that the facility is in substantial compliance with this provision. 115.35 (d) - 1 The facility indicated, in their response to the PAQ, that medical and mental health care practitioners also receive the training mandated for employees under 115.31 or for contractors and volunteers under 115.32. The facility presented training

	documentation that demonstrated that medical staff and treatment specialists receive training mandated for employees by 115.31. 115.35 (d) - 2 The facility has contracted healthcare staff employed at the facility full-time who are required to complete the annual training that all staff complete and are required to complete the PREA training for medical and mental health care staff. An interview with a contacted health care staff verified that they have received both trainings, as required, and documentation provided by the facility confirmed that those trainings were completed. A final analysis of the evidence indicates that the facility is in substantial compliance with this provision. Corrective Action A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no corrective action to take.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (policies, directives, forms, files, records, etc.) a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Executive Directive #72 Sexual Assault and Sexual Harassment (PREA) effective date 01/11/2016 c. Wisconsin Department of Corrections Division of Adult Corrections Policy #: 410.30.01, Screening for Risk of Sexual Abusiveness and Sexual Victimization, effective date 05/24/2021 d. Agency Risk Screening Directive, dated 04/19/2016 e. Computerized database printout Admission Screening Summary that documents dates of admission and date of PREA Risk Screening f. Form, DOC-2718B, Revised 09/2017, Agency Adult Male Screening Tool g. Admission PREA Screening User Guide h. Sample PREA Risk Screens (Completed) i. Computerized database WICS Screening Warning 2. Interviews a. Staff Responsible for Risk Screening b. Random Sample of Inmates c. PREA Coordinator d. PREA Compliance Manager Findings (By Provision) 115.41 (a) - 1 The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other inmates. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72) says, in Section XII, A, (p. 8), “Offenders shall be assessed during an initial screening within 72 hours of arrival at the facility, and again upon transfer to another facility, for risk of being sexually abused by other offenders or sexually abusive toward other offenders." Staff who perform risk screening were interviewed, who said that inmates who come in as new admissions are screened during the Intake process either the same day or the next day. The screening consists of two parts, an in-person, face-to-face interview, and a records review.

Of the 30 inmates who were interviewed, seven said they did not recall being asked questions about things like whether they had ever been incarcerated before, whether they had ever been sexually abused, if they identified with being lesbian, bisexual or transgender, and if they felt safe at the facility and all of them recalled that interview having taken place soon after their arrival at the facility. Auditor reviewed the computerized database printout provided on the PAQ and noted that the data showed that all of those inmates were screened either on the day of admission or the following day, and that all of them were reassessed within 30 days of the initial screenings

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.41 (b) - 1
The facility indicated, in their response to the PAQ, that the agency policy requires that inmates be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake. Division of Adult Institutions (DAI) Policy# 410.30.01 Screening for Risk of Sexual Abusiveness and Sexual Victimization says, in Section I, A, (p. 3), “inmates shall be screened within 72 hours of admission to any DAI facility for risk of being sexually abused by other inmates or sexually abusive towards other inmates.”

115.41 (b) – 2
The facility indicates, in their response to the PAQ, that the number of inmates, whose length of stay at the facility was for 72 hours or more, and who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility, within the past 12 months, was 2782. Auditors reviewed nine sample screens provided on the PAQ and noted that all the risk screens were completed within 72 hours of the inmates’ admission to the facility. In addition, the facility provided a computerized database printout of all inmates admitted to the facility, between September 2021 and October 2022, that showed the date of their risk screening. Auditor reviewed that information for all inmates who were interviewed, during the onsite portion of the audit, and noted that all of them were completed within the required time frames.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.41 (c and d)
The facility indicated, in their response to the PAQ, that the risk assessment is conducted using an objective screening tool. Submitted as documentation was Form DOC-2781, dated 09/2017, entitled PREA Screening Tool Adult Male Facility. The screening is divided into two sections. Section A involves an inmate interview to obtain information. Inmates are asked their age, height, weight, all questions that can be verified by the screener. Section A also includes questions about the inmates'

	own perception of themselves and their safety, including whether they consider themselves gay or bisexual, and if others think they are gay or bisexual, if they are transgender or have an intersex condition, if they have ever been the victim of unwanted or abusive sexual contact in the community, if they have ever been the victim of unwanted or abusive sexual contact while confined, if they have ever had sexual contact in confinement with someone without their consent or because they forced, coerced or threatened them, and if they have any concerns about their safety in this particular facility. Section B, of the objective screening tool, is comprised of a records review. Staff review inmate records to answer questions regarding whether the inmate has a mental illness, developmental limitation or physical disability that might make them vulnerable in a confinement setting, if the inmate is serving a first prison sentence and has been confined for less than one year, if the inmate has any convictions for violent offenses or sexual offenses, if the inmate has a history of previous sexual victimization while confined or has ever been the perpetrator in a substantiated sexual abuse case while confined, and if the inmate has ever received a conduct report for either sexual assault, or physical assault, while confined. The assessment tool has at the top of the page, instructions to staff completing the screening. It tells them what information to read to inmates, as they conduct interviews with inmates. The tool has a scoring mechanism, based on inmate answers, which calculates an objective number score denoting the inmates' risk of victimization or abusiveness. The assessment tool is automated through the Wisconsin Integrated Corrections System (WICS), a computerized agency database. It asks all inmates the same questions and each response has a numeric value assigned to it. The numbers are totaled, for each part of the assessment, which allows a determination to be made if the offender is at risk of either victimization (ROV) or abusiveness (ROA). Staff who perform risk screening said, in an interview, “we talk to them, and explain things to them in the PREA acknowledgement area and in the screening process, they have the opportunity to view the video, and they go to 8th Floor Intake Unit where they get comprehensive information as well.” A final analysis of the evidence indicates that the facility is in substantial compliance with this provision. 115.41 (e) The facility indicated in their response to the PAQ, that the initial screening considers prior acts of sexual abuse, prior convictions for violent offense, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive. The screening tool, and the completed screens reviewed by auditors showed that the screening does ask, in section A, question 7, if the inmate has ever had sexual contact in confinement with someone without their consent or because they were forced, coerced or threatened. Section B, the Record Review section, asks, in question 3, if the inmate has had any convictions for violent offenses, in question 4 if the inmate has had any convictions for sexual offenses, and,

in question 6, if the inmate has ever been the perpetrator in a substantiated sexual abuse case while confined or if the inmate ever received a conduct report for sexual assault while confined.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.41 (f) - 1
The facility indicated, in their response to the (PAQ), that agency policy requires that the facility reassess each inmate's risk of victimization or abusiveness within a set time, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. ED 72 requires, in Section XII, D, (p. 8), that, in addition to the initial screening, within 30 days of arrival, the facility will reassess inmates' risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the initial screening was completed. DAI Policy#: 410.30.01 Screening for Risk of Sexual Abusiveness and Sexual Victimization requires, in Section I, B, that, within 30 days of admission, inmates shall be rescreened to determine if additional, relevant risk factors are present. The risk screening instrument includes the 30-day reassessment on the same form for ease of conducting the reassessment, with the previous information at the ready, to enable staff to easily note any changes.

115.41 (f) - 2
The facility indicated, in their response to the PAQ, that the number of inmates entering the facility within the past 12 months whose length of stay in the facility was for 30 days or more and who were reassessed for their risk of sexual victimization or being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake is 1117. Auditor reviewed the sample screens submitted by the facility and determined that all of them were reassessed within 30 days.

A final analysis of the evidence indicates that the facility is in compliance with this provision.

115.41 (g)
The facility indicated, in their response to the PAQ, that the policy requires that an inmate's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. ED 72 says, in Section XII, D, (p. 8) that after the initial and follow-up screens are completed, an offender's risk level will be reassessed when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness. DAI Policy #: 410.30.01 says, in Section I, C, (p. 3), "an inmate may be referred for a follow-up rescreening by any staff member when:
1. The inmate is the alleged victim or suspect of sexual abuse;

2. The inmate discloses identification as lesbian, gay, bisexual, transgender or intersex and their identification was not revealed during the last screening;
3. The inmate discloses a past unwanted or abusive sexual experience(s) while confined and the experience(s) was not revealed during the last screening;
4. The inmate requests a rescreening;
5. The inmate is referred for a rescreening by facility staff; or
6. Additional information is received that bears on an inmate's risk of sexual victimization or abusiveness."

The facility indicated, on the PAQ, that of the four investigations that were concluded at the time of the onsite portion of the audit, only one inmate remained at the facility. They included, on the PAQ, a copy of the notification sent to that inmate that showed that the allegation had been determined to be unfounded. Staff did submit documentation of two reassessments done, following allegations of inmate-on-inmate sexual abuse.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.41 (h)
The facility indicated, in their response to the PAQ, that agency policy prohibits discipling inmates for refusing to answer (or for not disclosing complete information related to) questions regarding: (a) whether or not the inmate has a mental, physical, or developmental disability; (b) whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) whether or not the inmate has previously experienced sexual victimization; and (d) the inmate's own perception of vulnerability. ED 72, in Section XII, A, (p. 8), states that offenders will not be disciplined for refusing to answer or for failing to disclose information regarding the assessment questions. In addition, the screening instrument itself includes a paragraph that staff conducting the screening are required to read to the inmate being interviewed. Included in those statements is one that informs inmates that they are not required to answer any of the questions, and that, if they wish, they may answer some, but not all the questions. Staff who were interviewed verified that inmates are not disciplined, in any way, for refusing to respond to, or for not disclosing complete information related to any of the questions.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.41 (i)
The facility indicated, in their response to the PAQ, that the agency has implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates. ED 72, in Section XII, F, (p. 9),

	requires appropriate controls to be placed on the dissemination of information gleaned in initial and follow-up screenings of inmates to ensure that sensitive information is not exploited to the offender's detriment by employees or other offenders. It limits any information related to sexual victimization or abusiveness occurring in an institutional setting to medical and mental health practitioners and to other employees, as necessary, to make housing, program and work assignments, or as otherwise required by law. The PREA Director said, in an interview, “we have given access to the screening to most people, but they have to see the warning that they are proceeding on a need-to-know basis and if they don’t need to know, they shouldn’t proceed. I have the ability to query to see who is accessing that knowledge.” The facility PCM, when asked if the agency has outlined who should have access to an inmate’s risk assessment said, “we have selective staff who have access to that information based on position. The information is available only to those staff and is available in our agency computerized databases and both are limited.” Intake staff who were interviewed said that the information is limited and only those who need the information to do their jobs have access to it. A final analysis of the evidence indicates that the facility is in substantial compliance with this provision. Corrective Action A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no corrective action to take.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (policies, directives, forms, files, records, etc.) a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Executive Directive #72 Sexual Assault and Sexual Harassment (PREA) effective date 01/11/2016 c. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 306.00.23 Special Placement Needs of Inmates, effective date 04/12/2021 d. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 306.00.72 Screening for Risk of Sexual Abusiveness and Sexual Victimization c. Wisconsin Department of Corrections Division of Adult Corrections Policy #: 325.00.04, Inmate Drivers – Licensed Vehicles, effective date 05/24/2021 d. WICS User Guide 2. Interviews: a. PREA Compliance Manager b. Staff Responsible for Risk Screening Findings (By Provision): 115.42 (a) – 1 The facility indicated, in their response to the Pre-Audit Questionnaire, (PAQ), that the agency/facility uses information from the risk screening required by Standard 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), in Section XIII, A, (p. 10), requires that information obtained from the initial, or follow up screening, be used to inform housing, bed, work, education and programming assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. Staff who conduct risk screening verified, in an onsite interview, that the information is used to determine housing, work or programming assignments. The facility PREA Compliance Manager (PCM) said, in an interview conducted onsite, “we determine if there is a risk level, record that in WICCs, and then make a bed placement based on that information. We can separate them by pod or by tier, and we do separate them that way, and we follow up with

them to see if any new information has come forth, and we conduct the 30-day reassessments as well."

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.42 (b)
The facility indicated, in their response to the PAQ, that the agency/facility makes individualized determinations about how to ensure the safety of each inmate. Agency policy, ED 72, requires, in Section XIII, A, (p.10), that individualized determinations be made regarding the safety of each inmate, using information obtained from the initial or follow-up screening. The staff uses information from risk screening to make housing assignments, as demonstrated by the facility PCM and Control Center staff. The staff who conducts risk screening said, "we keep them separate by unit and I look at the cell to make sure they are housed appropriately."

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.42 (c)
The facility indicated, in their response to the PAQ, that the agency/facility makes housing and program assignments for transgender or intersex inmates in the facility on a case-by-case basis. ED 72, in section XIII, paragraph E, No. 2, (p. 11) requires staff to consider on a case-by-case basis, housing and programming assignments for transgender or intersex offenders. The placement should be one that ensures the offender's health and safety and whether the placement would present management or security problems. Division of Adult Institutions (DAI) Policy #" 500.70.27, Transgender Inmates, requires, in Section II, B, (p. 3), that facility and housing assignments, for transgender and intersex inmates, be made on a case-by-case basis considering the inmate's health and safety as well as potential programming, management and security concerns. It also requires that an inmate's own views regarding safety shall be given careful consideration. Two transgender inmates who were interviewed said they were not asked about their safety. However, auditor reviewed the documentation the facility submitted demonstrating risk screenings that were done during the audit period and noted that both were screened appropriately, on admission, and were rescreened within 30 days, and also noted that a question on the screening tool asks the inmate if they have concerns or fears about their safety.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.42 (d)
The facility indicated, in their response to the PAQ, that placement and programming

assignments for each transgender or intersex inmate are reassessed at least twice each year to review any threats to safety experienced by the inmate. The PCM said, in an interview conducted onsite, “we always do a review of programming needs every six months.”

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.42 (e)
The facility indicated, in their response to the PAQ, that a transgender or intersex inmate’s own views with respect to his or her own safety are given serious consideration when making facility and housing placement decisions and programming assignments. ED 72, in Section XIII, E, 2, (p.11) requires staff to give serious consideration of the transgender or intersex offender's view of their own safety with respect to housing, programming and job assignments. Staff responsible for risk screening said, “if they are identified as transgender, we talk to them about their views of their safety in the facility.” The facility PCM said, in an interview conducted onsite, “staff work together and know who we are housing here, and, as we get to know them, we discuss the best locations for them and discuss any issues they are having on the floor.”

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.42 (f)
The facility indicated, in the response to the PAQ, that transgender and intersex inmates are given the opportunity to shower separately from other inmates. Auditors noted, during the on-site review of the facility, that even though some showers do have more than one shower head, staff said that inmates always shower one at a time based on inmates', as a group, preference for showering alone and maintaining that way of doing thing on their housing unit Inmates who were informally interviewed, during the site review, confirmed this arrangement exists on the housing units.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.42 (g)
The facility indicated, in their response to the PAQ, that the agency does not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates.

	Agency policy requires, in section XIII, paragraph E, no. 1, (p. 11), that lesbian, gay, bisexual, transgender or intersex offenders shall not be placed in dedicated facilities, wings or unit solely on the basis of such identification or status. The Milwaukee Secure Detention Facility does not have dedicated housing units, or wings, for housing gay, bisexual, transgender or intersex inmates. Both the PREA Director, and the PCM, confirmed in interviews, that the facility is not subject to a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates. The agency PREA Director said, in an interview conducted by telephone, “We make case by case determinations as to where the most appropriate location is,” and identified that the state is getting ready to house by gender identity. A final analysis of the evidence indicates that the facility is in substantial compliance with this provision. Corrective Action A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no corrective action to take.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (policies, directives, forms, files, records, etc.) a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Executive Directive #72 Sexual Assault and Sexual Harassment (PREA) effective date 01/11/2016 c. Wisconsin Department of Corrections Division of Adult Corrections Policy #: 306.05.01 Protective Confinement, effective date 11/22/2021 d. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 306.00.72 Screening for Risk of Sexual Abusiveness and Sexual Victimization e. Form DOC-30, Revised 02/2019, Review of Inmate in Restrictive Housing (Blank) f. Form DOC-68, Revised 11/2014, Review of Inmate in Temporary Lockup (Blank) 2. Interviews: a. Warden or Designee Findings (By Provision) 115.43 (a) – 1 The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), in Section XIII, B, 1 (p. 10), says that offenders at high risk for sexual victimization shall not be separated from the general population unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. It also says that if an assessment cannot be conducted immediately, the facility may separate the offender involuntarily from the general population for less than 24 hours while completing the assessment. Division of Adult Institutions (DAI) policy #306.00.72 Screening for Risk of Abusiveness and Risk of Victimization says, in Section II, I, (p. 4), that inmates at high risk of victimization will not be involuntarily separated from the general population unless an assessment of all viable alternatives has been made and none have been identified. The Warden verified, in an interview conducted onsite, that

	inmates are not placed in segregation for this reason. 115.43 (a) – 2 The facility indicated, in their response to the PAQ, that the number of inmates who were separated from the general population involuntarily, in the past 12 months, was zero. The Warden said, in an interview, “we would not house them in restrictive housing unless we had we had no other way to house them or unless they request it, and then we would consult with Health Care and Psychological Services. A final analysis of the evidence indicates that the facility is in substantial compliance with the provision. 115.43 (b) - 1 The facility indicated, in their response to the PAQ, that inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document the opportunities that have been limited, the duration of the limitation, and the reasons for such limitations. ED 72, in Section XIII, B, (p.10) identifies that if an inmate is involuntarily segregated from the general population they will have access to programs, privileges, education or work opportunities to the extent possible and that if the facility does find it necessary to limit access to these things, for safety reasons, they will document the opportunities limited and the reason. The facility indicated, on the PAQ, that no inmates were placed in segregated housing, for this purpose, in the past 12 months and the Warden verified that. A final analysis of the evidence indicates that the facility is in substantial compliance with the provision. 115.43 (c), (d), and (e) The facility indicated, in their response to the PAQ, that in the past 12 months, that placement in involuntary segregation while awaiting alternative placement was zero. The facility indicated, and the Warden verified, that they do not place inmates in involuntary segregation for this purpose. A final analysis of the evidence indicates that the facility is in substantial compliance with the provision. Corrective Action A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (policies, directives, forms, files, records, etc.) a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/16/2016 c. Agency Inmate Handbook c. Agency Inmate Handbook, Spanish e. Agency Reporting Information Poster f. Agency Reporting Information Poster, Spanish g. Immigration Enforcement Detention Facility Locator 2. Interviews: a. Random Sample of Staff b. Random Sample of Inmates c. PREA Compliance Manager 3. On-site Observations a. PREA Posters in English and Spanish through the facility b. Zero-tolerance and reporting methods printed on the back of inmate ID cards Findings (By Provision) 115.51 (a) The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about sexual abuse or sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), in Section XIV, A, (p.11), says that the

agency will provide multiple ways for offenders to privately report sexual abuse and sexual harassment, retaliation by other offenders or employees for reporting sexual abuse and sexual harassment, and employee neglect or violation of responsibilities that may have contributed to such incidents.

The agency provided copies of handbooks, that are given to inmates, printed in both English and Spanish, which contain the reporting information on page 10. Reporting methods outlined there include to tell any staff person, send a request to any staff person, call the PREA reporting hotline, tell a family member, friend, or outside support person so they can report on the inmate's behalf, file a complaint, or contact local law enforcement. On page 11, the handbook tells inmates that they can dial #777 to make a report, without using their PIN, to someone inside the Department of Corrections (DOC). The handbook identifies this as a hotline number that is only monitored during business hours so, if they prefer not to tell a staff, there will be a delay in responding. They also provided copies of postings, in English and Spanish, that are made available to inmates in the facility and identify the multiple ways they can report an incident of sexual abuse or sexual harassment. Information on the posters tells inmates that they can tell any staff person, report in writing to any staff person, that they can call #777, an internal reporting line that does not require an inmate PIN, they can file a grievance, report to a family member, friend or support person who can report for them, or they can report by writing to local law enforcement. Auditors saw these postings, in numerous places throughout the facility including in the housing units. All 30 inmates who were interviewed, during the onsite portion of the audit, were easily able to articulate how they could make a report of sexual abuse or sexual harassment. All of them were familiar with the reporting line, #777, as well as the other methods of reporting, that inmates can report, to any staff, verbally or in writing, that they can report to a friend, or family member, who can report for them, that they can file a grievance or write to local law enforcement. Auditor also noted that the zero-tolerance and reporting methods are printed on the back of inmate ID cards. Auditors tested telephones inmates use and were able to access the reporting services identified on the posters by dialing #777 and reporting to agency officials. Feedback was provided showing that the calls had been received and reported appropriately. All 12 random staff who were interviewed were familiar with the #777 number and identified that it was readily available to inmates to make reports of sexual abuse and sexual harassment. They said that the number was available in the inmate handbook and on posters throughout the facility.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.51 (b) - 1
The facility indicated, in their response to the PAQ, that the agency provides at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency. ED #72, in Section XIV, A, requires the agency to provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity that is not part of the agency. The

	agency provided, copies of handbooks that are given to inmates, printed in both English and Spanish, which contain the reporting information. The handbook, on page 11, outlines how to use the #888 number. It tells inmates that they can dial #888 if they choose to remain anonymous and that they do not need to use their PIN. It also tells them that this is a hotline that is monitored by an agency outside of DOC but that the report will be sent back to the agency. They also provided copies of postings, in English and Spanish, which are made available to inmates in the facility, that identify how they can report an incident of sexual abuse or sexual harassment, to an outside agency. Information on the posters tells inmates that they can call #888, an external reporting line that does not require an inmate PIN. Auditors saw these postings, in numerous places throughout the facility, printed in both English and Spanish. In the housing units they were appropriately posted near the telephones so that the numbers are readily available to anyone needing to make a telephone call to report an incident. All the inmates who were interviewed, during the onsite portion of the audit, were easily able to articulate how they could make a report of sexual abuse or sexual harassment to an entity, or office that is not part of the agency. All of them were familiar with the reporting line, #888. Auditors tested telephones, in the housing units and in other locations in the facility and were able to access the reporting services identified on the posters. Feedback was provided showing that the calls had been received and reported appropriately. All of the random staff who were interviewed were familiar with the #888 number and identified that it was available to inmates to make reports of sexual abuse and sexual harassment to an entity that is not part of the agency. The Facility PREA Compliance Manager (PCM) was well able to articulate how inmates can report to a public or private office outside the agency. He said that there are PREA posters throughout the facility with information on them about the #777 and #888 lines as well as information about the advocacy agency and pointed out that the reporting information is also in orientation materials and on the back of inmate ID cards. He also said that they have access to a route for them to give information while remaining anonymous and that they can also use 3rd party reporting. 115.51 (b) - 2 The agency indicated, in their response to the PAQ, that the Wisconsin Department of Corrections does not detain inmates solely for civil immigration purposes. They also provided a printout, from the official website of the Department of Homeland Security, which shows how Detention Facilities can be located. A final analysis of the evidence indicates that the facility is in substantial compliance with this provision. 115.51 © 1 and 2 The facility indicated, in their response to the PAQ, that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. ED 72, in Section XIV, C, 1, (p.11) says that employees shall accept reports made verbally, in writing, anonymously, and from third parties; promptly document any verbal reports; and immediately report. The facility submitted documentation of how reports are

	documented and how the information is entered into the agency computerized database, at the time the allegation is made, and how the allegation is tracked until the case is ultimately closed. All of the random staff who were interviewed were well aware that inmates can report an incident of sexual abuse or sexual harassment verbally, in writing, anonymously and from third parties. All of them said they would treat all allegations the same, regardless of how they were reported, that they would immediately report all allegations to their supervisor and document them in an Incident Report. All 30 inmates, who were interviewed, acknowledged that they were aware they could make reports to staff, either in person or in writing, and that they could have a friend or relative make the report for them. A final analysis of the evidence indicates that the facility is in substantial compliance with this provision. 115.51 (d) 1 and 2 The facility indicated, in their response to the PAQ, that the agency provides a method for staff to privately report sexual abuse and asexual harassment of inmates. Section XIV C, 3, (p.12) of ED 72, identifies that the agency shall provide a method for employees to privately report s sexual abuse and sexual harassment of offenders. The facility identified on the PAQ, that staff are informed of this in agency policy ED 72, which is covered in the PREA training that all staff are required to complete. All 12 staff who were randomly chosen for interview were aware of ways to privately report sexual abuse and sexual harassment of inmates. They said that they would report directly to any supervisor or to the PREA Director in Madison. A final analysis of the evidence indicates that the facility is in substantial compliance with this provision. Corrective Action A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (policies, directives, forms, files, records, etc.) a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016 c. Agency Administrative Code, Chapter DOC 310 d. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 310.00.01 Inmate Complaints Regarding Staff Misconduct, effective date 04/01/2018 e. Agency Inmate Complaint Examiners Action Steps, effective date 03/11/2022 2. Interviews a. Inmates Who Reported a Sexual Abuse Findings (By Provision) 115.52 (a) - 1 The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that “all complaints alleging sexual abuse or sexual harassment are routed to facility leadership for review and action; the administrative complaint process stops.” Wisconsin State Statute, Chapter DOC 310, requires that inmates in institutions be afforded a process by which grievances may be, "expeditiously raised, investigated, and decided." In DOC 310.08, PREA Complaint Procedure, the statute says that complaints filed under this section will be referred for a PREA investigation and that DOC policy must address the requirements that investigations regarding allegations of sexual abuse or sexual harassment be completed within established time frames. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72) Section XV, (p.12), says that all sexual abuse and sexual harassment complaints filed through the Inmate Complaint Review System shall be immediately redirected and referred for sexual abuse and/or sexual harassment investigation. Division of Adult Institutions (DAI) Policy #310.00.01 Inmate Complaints Regarding Staff Misconduct outlines the agency procedure for processing administrative complaints regarding staff misconduct by saying, in Section 1, A, (p.1), that such complaints will be handled according to the provisions of ED 72 to ensure an investigation by facility or law enforcement is not impeded. Paragraph B identifies that if an inmate alleges staff sexual misconduct, the Inmate Complaint Examiner shall not interview the complaining inmate, or anyone else, but instead shall immediately refer the complaint to the Warden/designee to ensure processing in

compliance with ED72. AN interview with the Agency PREA Director, confirmed that an inmate complaint of sexual abuse or sexual harassment, submitted to the ICE or submitted in one of the inmate complaint boxes, is immediately processed as a report of an incident, and removed from the complaint system. It is simply considered one of multiple available reporting methods for PREA-related allegations

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.52 (b) 1 and 2
The facility indicated, in their response to the PAQ, that agency policy or procedure allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. Agency policy, ED 72, in Section XI, A, (p. 12) says that all sexual abuse and sexual harassment complaints filed through the Inmate Complaint Review System will be immediately redirected and referred for sexual abuse and/or sexual harassment investigation. The policy requires that time limits not be imposed on when an offender may submit a complaint regarding an allegation of sexual abuse or sexual harassment. The facility indicated, in their response to the PAQ, that agency policy does not require an inmate to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. ED 72 says, in paragraph B, that the complaint process shall not include a mandatory informal resolution requirement.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.52 © 1 and 2
The facility indicated, in their response to the PAQ, that the agency's policy and procedure allows an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. ED 72 says, in Section XI, C, (p. 12), that offenders who allege sexual abuse or sexual harassment may submit a complaint without submitting it to an employee who is the subject of the complaint and that such a complaint is not referred to an employee who is the subject of the complaint. Agency Administrative Code Chapter 310, in Section 310.08 PREA complaint procedure, (p.2), identifies that, "an inmate is not required to attempt to resolve the issue with the staff member who is the subject of the complaint or to file a complaint regarding sexual abuse or sexual harassment with the staff member who is the subject of the complaint. The inmate may use an alternative method of filing, including submission of the complaint directly to the warden."

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.52 (d) -1
The facility indicated, in their response to the PAQ, that the agency's policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. ED 72 requires, in Section XV, (p. 12), that all sexual abuse and sexual harassment complaints filed through the Inmate Complaint System be immediately redirected and referred for sexual abuse and/or sexual harassment investigation and that inmates be notified within 30 days of the initial complaint that an investigation into the portion of the complaint alleging sexual abuse or sexual harassment has commenced.

115.52 (d) – 2, 3, 4, 5, 6, and 7
The facility indicated, in their response to the PAQ, that there zero grievances filed, in the past 12 months, that alleged sexual abuse. In the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed was zero. The facility reported that, in the past 12 months, the number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days was zero, and that the number of grievances that took longer than a 70-day extension period to resolve was zero. The facility indicated that the agency does not notify an inmate in writing when the agency files for an extension and said that this is because the inmate complaint alleging sexual abuse or sexual harassment does not stay in the Inmate Complaint system long enough for that to happen. Instead, immediately upon receipt, it is removed from the Inmate Complaint process and put into the administrative investigation process.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.52 (e) 1
The facility indicated, in their response to the PAQ, that agency policy and procedure permits third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates. ED 72, in Section XV, D, (p. 13), says that third parties, including fellow offenders, employees, family members, attorneys and outside advocates, shall be permitted to assist an offender in filing complaints related to allegations of sexual abuse or sexual harassment and that any such complaint filed is treated the same way that any other report of sexual abuse is treated and is immediately referred for investigation.

115.52 € - 2 and 3
The facility indicated, in their response to the PAQ, that agency policy and procedure requires that if an inmate declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the inmate's decision to decline. Although agency policy does not actually make that requirement, the PREA Director explained that if the third-party complaint is to continue through the complaint

system, the agency may request that the alleged victim agree for the complaint to continue being processed, and, if the inmate doesn't want the grievance to be processed, then the decision to decline processing would be documented. She went on to say, "regardless of the source, all allegations of sexual misconduct are removed from our grievance system and routed for immediate action. We don't give a victim the opportunity to say, "no thanks, I don't want Inmate Smith's grievance on my behalf to continue any farther." It will continue in our system until it is remedied/ investigated." The facility reported, on the PAQ, that the number of grievances alleging sexual abuse filed by inmates in the past 12 months in which the inmate declined third-party assistance, containing documentation of the inmate's decision to decline was zero.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.52 (f) – 1 - 6
The facility indicated, in their response to the PAQ, that the agency has a policy and established procedures for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse and that the agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. ED 72, in Section XV, E (p.13), says that if an offender believes that he or she is subject to a substantial risk of imminent sexual abuse, they can report that to any employee who is not the subject of the allegation. Staff are then required to forward that report immediately to facility leadership for immediate corrective action. Paragraph E goes on to say that facility leadership will provide an initial response within 48 hours and issue a final decision within five days. The facility indicated, in their response to the PAQ, that the number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months is zero.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

15.52 (g) – 1 and 2
The facility indicated, in their response to the PAQ, that the agency does have a written policy that limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith. Agency policy, ED 72, in Section XV, F, (p. 13) says that the DOC may discipline an offender for a complaint filed alleging sexual abuse or sexual harassment only where the agency can demonstrate that the complaint was filed in bad faith. Likewise, Agency Administrative Code Chapter 310, in Section 310.08, 6, says, "the warden may discipline an inmate for filing a complaint related to alleged sexual abuse or sexual harassment only if the warden demonstrates that the inmate filed the complaint in bad faith." The facility indicated, in their response to the PAQ, that the number of inmate grievances received alleging sexual abuse that

	resulted in the agency bringing disciplinary action against an inmate, for having filed a complaint in bad faith, in the past 12 months, was zero. A final analysis of the evidence indicates that the facility is in substantial compliance with the provision. Corrective Action: A final analysis of the evidence indicated that the facility is substantially compliant with the standard. There is no corrective action to take.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (policies, directives, forms, files, records, etc.) a. Pre-Audit Questionnaire b. Form DOC-2937, Revised 11/2022, Advocacy Request Form (Blank) c. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016 d. Form DOC-2937 S, Revised 01/2022, Advocacy Request Form Spanish (Blank) e. Agency Handbook Addendum, f. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 410.50.04 Support Services and Retaliation Monitoring, effective date 10/18/2021 g. Form DOC-2767, Revised 08/2022, Sexual Abuse Incident Victim Services Coordinator Response Checklist, (Blank) h. Agency Inmate Handbook i. Facility Inmate Handbook j. Agency PREA posters with local Sexual Assault Services Provider contact information k. Agency PREA posters with local Sexual Assault Services Provider contact information, Spanish l. Memorandum of Understanding between Wisconsin Department of Corrections and Aurora Health Care Metro, Inc. m. Sample retaliation monitoring documentation 2. Interviews a. Random Sample of Inmates b. Inmates Who Reported a Sexual Abuse Findings (By Provision): 115.53 (a) – 1 and 2 The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. Agency policy, Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), in Section XVI, B, 5, (p. 14), identifies that the facility will provide offenders with access to outside victim advocates and that the agency will maintain, or attempt to enter, a

memorandum of understanding (MOU), with such an agency that will provide emotional support services related to sexual abuse, for inmates at the facility. The facility provided a copy of an MOU between the facility and Aurors Health Care Metro, Inc., a sexual abuse service provider (SASP)in the city of Milwaukee. The MOU identifies that Aurora Health Care Metro, Inc., will, among other things, provide services to victims of sexual abuse including emotional support and crisis intervention. The facility provided a copy of the inmate handbook addendum, POC-41B, that provides information about Aurora Health Care Metro, Inc. It also gives a mailing address for the agency and tells inmates that they can reach a victim advocate by dialing #999 on the inmate telephones in the facility. The facility provided copies of these forms in both English and Spanish.

The facility provided a copy of a poster that tells inmates that Aurora Health Care Metro, Inc., is available to provide emotional support services related to sexual abuse. The posting provides the name of the agency, and contact information, the #999 phone number, and informs inmates that their PIN is not needed to make the call, and that the calls are not monitored or recorded. Auditors noted this signage, throughout the facility, and in both housing units. Auditors saw posters, with that information, throughout the facility, and reviewed Orientation materials with the information in them. Auditors dialed #999, from telephones in the various housing units, and were successful in reaching the agency that provides the outside support services.

Auditor interviewed staff at the agency, who confirmed that the agency does have an MOU with the Wisconsin Department of Corrections to provide advocacy services and emotional counseling for several different facilities. She said that the agency provides services in a variety of ways, in person at the facility, over the phone, by mail, or onsite at Aurora Sinai Medical Center if an inmate goes there for a SANE exam. She also said that the agency has a 24-hour crisis line and is equipped to work with inmates who are limited English proficient by using a language line.

115.53 (a) – 3
The facility indicated, in their response to the PAQ, that they do not provide inmates with access to such services by giving inmates mailing addresses and telephone numbers (including toll-free hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration because they do not detain inmates solely for immigrations purposes.

115.53 (a) - 4
The facility indicated, in their response to the PAQ, that the facility provides inmates with access to such services by enabling reasonable communication between inmates and these organizations in as confidential a manner as possible. Auditors' review of posters, throughout the facility, demonstrated that the posters identify Aurora Health Care Metro, Inc., as a sexual assault service provider with staff who are trained to provide confidential support, they identify that the services are free, they provide a mailing address and a hotline number, and they inform the inmate that their PIN is not needed to make the call and that the calls are not recorded or monitored. The facility provided a sample documentation of the service being provided for an inmate who requested it. The documentation outlined the staff interaction with the inmate,

	the scheduling of the phone call that was to take place between the inmate and the (SASP). A final analysis of the evidence indicates that the facility is in substantial compliance with this provision. 115.53 (b) - 1 The facility indicated, in their response to the PAQ, that the facility informs inmates, prior to giving them access to outside support services, the extent to which such communications will be monitored. Form, POC-41B Sexual Abuse in Confinement, A Resource for Offenders, includes information telling the inmate that every effort will be made to keep their communications with the advocacy agency confidential, that their PIN is not required to make this call, and that the calls are not monitored or recorded. PREA posters, placed throughout the facility, inform the prisoner that a PIN is not needed to call the #999 Crisis Hotline number, that the calls are not recorded or monitored, and that written correspondence may be opened or inspected and may be read with the written approval of the Security Director. Auditors reviewed the handbook addendum and the posters placed throughout the facility during the onsite review of the facility. 115.53 (b) – 2 The facility indicated, in their response to the PAQ, that the facility informs inmates, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. Agency policy, ED 72 says, in Section XVI, B, 5, (p. 14), that the facility shall enable reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible and, in advance, provide notification to offenders of the extent to which such conversations will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. However, the PREA Director said, when asked for documentation of the facility informing inmates of the limits of confidentiality before giving access to outside support services that, in the State of Wisconsin, sexual abuse advocates are not mandatory reporters, so the facility does not identify them as such to inmates and leaves it to the provider to have that discussion with inmates seeking their services. The provider did say, in a telephone interview, that the agency staff of inform inmates of the limits of confidentiality when working with them. The MOU between the DOC and Aurora Health Care Metro, Inc., outlines, in Section II, C, 2, (p.2), that, “confidentiality between the SASP Advocate and the victim shall be directed by law. At the outset of services, and as needed thereafter, DOC and the SASP Advocate shall consistently communicate to the victim that their communications with the SASP Advocate are confidential as directed by law. The SASP may elect to have the victim sign a services agreement form, which outlines confidentiality and its limits.”

	Two inmates who reported a sexual abuse were interviewed and one said that they were given the opportunity to have interaction with the outside advocacy agency and one said they did not have that opportunity. A final analysis of the evidence indicates that the facility is in substantial compliance with this provision. 115.53 © - 1 and 2 The facility indicated, in their response to the PAQ, that the agency or facility maintains memorandum of understanding (MOUs) or other agreements with community service providers that can provide inmates with emotional support services related to sexual abuse. The facility reports that they have entered an MOU with a local advocacy agency, Aurora Health Care Metro, Inc., and provided a copy of the MOU. The MOU outlines the scope of the agreement and the terms of service. The advocacy agency agreed to provide an advocate to accompany and support victims of sexual abuse through a forensic medical examination and investigative interviews if requested by the victim, provide emotional support services to victims of sexual abuse, obtain consent and a release of information from the victim before reporting an incident of sexual abuse, work with designated DOC officials to obtain security clearance (if needed) for the advocates to provide services, to participate in an inmate orientation and to tour the facility. Auditor interviewed the advocacy staff at Aurora Health Care Metro, Inc., during the post-onsite phase of the audit. Staff there said that the agency provides a 24/7hotline for inmates to call for emotional support and advocacy, and that staff are trained as advocates to respond in person or over the phone. A final analysis of the evidence indicates that the facility is in substantial compliance with this provision. Corrective Action A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no corrective action to take.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (policies, directives, forms, files, records, etc.) a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Zero-Tolerance and 3rd Party Reporting Poster c. Wisconsin Department of Corrections Agency Website Reporting Reference Findings (By Provision): 115.54 (a) 1 and 2 The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the facility provides a method to receive third-party reports of inmate sexual abuse or sexual harassment. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72) identifies, in Section XIV, B, (p.11), that the Department of Corrections (DOC) shall provide a method for third parties to report sexual abuse and sexual harassment on behalf of an offender. It also requires that information on how to report sexual abuse and sexual harassment on behalf of an offender be posted publicly. The facility submitted, as evidence, an agency third party poster that lists ways to report on behalf of an inmate. Identified as ways to make a third-party report are, tell any staff person, make a report on the agency's website, www.doc.wi.gov and click on Prison Rape Elimination Act, or to contact local law enforcement. To notify DOC on behalf of an inmate or youth, a third-party may report by email and are asked to include as much information as possible, such as, full name of victim, date of birth of victim, DOC inmate number of victim, facility in which the incident occurred, a description of the incident, any suspect information available and the reporter's contact information if they wish to be contacted regarding the allegation. Auditors noted the third-party posters, during the onsite review of the facility, posted in areas where visitors could easily view them, such as the main entrance to the facility and the visiting room. All staff who were randomly selected for interview said, in interviews conducted onsite, that they were aware that inmates could call a family member, or a friend, and have them report an incident of sexual abuse for them. They also said they believed an allegation made that way would be taken seriously and would be investigated in the same manner any other report would be. A preponderance of the inmates who were interviewed were also aware that they could have a third-party make a report of sexual abuse for them if they chose not to report it themselves. A final analysis of the evidence indicates that the facility is in substantial compliance

	with this provision. Corrective Action A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no correction action to take.

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (policies, directives, forms, files, records, etc.) a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/20162. 2. Interviews a. Random Sample of Staff b. Medical and Mental Health Staff c. Warden or Designee d. PREA Coordinator Findings (By Provision): 115.61 (a) – 1, 2 and 3 The facility indicated, in their response to the Pre-Audit-Questionnaire (PAQ), that the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency, to report immediately any retaliation against inmates or staff who reported such an incident, and to report immediately any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), in Section XIV C, 1, (p.11), requires all employees to accept reports of sexual abuse or sexual harassment made verbally, in writing, anonymously and from third parties, and to immediately report: a. any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility whether or not it is part of the Department of Corrections (DOC), b. any incidents of retaliation against offenders or employees who have reported such an incident, and/or, c. any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation. Item 2, of the same section, requires that reports be made immediately, to the immediate supervisor, unless reporting to that person compromises the safety of the alleged victim, witnesses, or the reporter. In those instances, staff are required to report to the Office of Special Operations, the PREA Office, local law enforcement, or to make an electronic report on the agency's web site. Item 4, of this same section of

	ED 72, requires that, “all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, shall be reported.” All 12 random staff who were interviewed, during the onsite portion of the audit, were aware of this policy requirement. When asked if all staff are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, retaliation, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation, their answer was, “yes, we are required to report immediately.” A final analysis of the evidence indicates that the facility is in substantial compliance with this provision. 115.61 (b) - 1 The facility indicated, in their response to the PAQ, that apart from reporting to designated supervisors or officials and designated state or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. ED 72, in Section XIV, C, 5, (p. 12), says that employees shall not reveal any information related to a sexual abuse or sexual harassment report to anyone other than to supervisors, investigators and designated officials. Such information is, by agency policy, to be limited to information necessary to make treatment, investigation and other security and management decisions only. All random staff who were interviewed, during the onsite portion of the audit, were aware of their reporting duties. A final analysis of the evidence indicates that that facility is in substantial compliance with this provision. 115.61 © ED 72, Section XIV, C, 6, (p. 12) requires medical and mental health practitioners to report sexual abuse and to inform offenders of their duty to report, and the limitations of confidentiality, at the initiation of services. The Health Services Unit (HSU) Supervisor was interviewed, and she confirmed that she is required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it. She also said she discloses the limitations of confidentiality and her duty to report. A final analysis of the evidence indicates that the facility is in substantial compliance with the provision. 115.61 (d) The facility indicated, in response to the PAQ, that ED 72, Section X, C, 7, (p. 12) does say that if the alleged victim is under 18, the facility shall promptly, in no later than

	14 days, report the allegation to the alleged victim's parents or legal guardians, unless the facility has documentation showing that the parents or guardians should not be notified, to the child welfare caseworker, if the alleged victim is under the guardianship of the child welfare system, or to the attorney, or other legal representative, if a juvenile court has jurisdiction over the alleged victim. The PREA Director said, and the Warden verified in interviews conducted onsite, that there are no inmates under 18 housed at the Milwaukee Secure Detention Facility (MSDF) (See Standard 115.14 Youthful Inmates, in this report.) A final analysis of the evidence indicates that the facility is in substantial compliance with this provision. 115.61 € The facility indicated, in their response to the PAQ, that ED 72, in Section XIV, C.5, requires employees to report knowledge regarding an incident of sexual abuse to supervisors, investigators, and designated officials. The Warden confirmed, in an interview, that all employees are required, by policy, to report knowledge regarding an incident of sexual abuse to supervisors. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. Corrective Action: A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (policies, directives, forms, files, records, etc.) a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016 2. Interviews a. Agency Head b. Warden or Designee d. Random Sample of Staff Findings (By Provision): 115.62 (a) – 1, 2, 3, and 4 The facility indicated, in their response to the Pre-Audit Questionnaire, (PAQ), that when the agency or facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72) says, in Section XVI, that when the department or facility learns that an offender is subject to an imminent risk of sexual abuse, it shall take immediate action to protect the offender. The agency head, who was interviewed during the post-onsite phase of the audit, via telephone, said, “we would look at housing, or facility, change, remove the identified threat, put the employee out on Administrative Leave while the investigation is going on, or, if the victim requests protective custody, we would do that too, but we would never force anybody.” When asked what types of immediate action would be taken to protect an inmate at substantial risk of imminent sexual abuse, the Warden said, “we can move an inmate to another facility,” . . . “we can move staff to another facility in the center system or place them on administrative leave. We ensure an investigator is assigned, and the investigation is done, and we would move the alleged principal person to another center. Random staff said, in interviews, that they would separate the victim and alleged perpetrator, if they knew who it was, and ensure that the victim was protected by moving the perpetrator. The facility reported, on the PAQ, that the number of times an inmate was in immediate danger of being sexually assaulted, in the last 12 months, was zero. A final analysis of the evidence indicates that the facility is in substantial compliance

	with this provision. Corrective Action A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no corrective action to take.

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (policies, directives, forms, files, records, etc.) a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016 2. Interviews a. Agency Head b. Warden or Designee 115.63 (a) - 1 The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72) says, in Section XIV, C, 8, (p.11), that within72 hours of receiving an allegation that an offender was the victim of sexual abuse at another facility, the information shall be forwarded to the head of the facility where the alleged abuse occurred. 115.63 (a) – 2 The facility reports that, in the last 12 months, the number of allegations the facility received that an inmate was abused while confined at another facility was two. Provided on the PAQ were copies of both notifications that were made to other facilities and auditor noted that they were made timely and according to the Standard. 115.63 (a) – 3 The facility indicated, on the PAQ, that the facility's response to the allegations is to gather information, notify a supervisor and the Facility Compliance Manager (FCM), submit an incident report and refer the allegation to the head of the facility where the alleged abuse occurred within 72 hours of the report being made. They also said they would provide any assistance required in conducting an investigation. When the information regarding allegations of sexual abuse is entered into the Sensitive Information Network Communication (SINC), the system automatically routes a notification to the facility leadership where the alleged sexual abuse incident took place if that facility is part of the Wisconsin Department of Corrections (DOC) system.

If the facility where the alleged sexual abuse occurred is not within the Wisconsin DOC system, the Warden will prepare, and send, a notification of the alleged incident, using a DOC-2933 form, which is an Agency External Facility Notification Template.

A final review of the evidence indicates that the facility is in substantial compliance with this provision.

115.63 (b)
The facility indicated, in their response to the PAQ, that Executive Directive 72, says, in Section XIV, C, 8, (p.11), “within 72 hours of receiving an allegation that an offender was the victim of sexual abuse while confined at another facility, the information shall be reported to the head of the facility where the alleged abuse occurred.” The facility also provided two samples of allegations reported to community confinement agencies and those also demonstrated compliance with the standard.

A final review of the evidence indicates that the facility is in substantial compliance with this provision.

115.63 © - 1
The facility indicated, in their response to the PAQ, that when an inmate reports having been sexually abused at another facility that is within the Wisconsin DOC system, the employee taking the report immediately completes an Incident Report and the information is entered into SINC, the agency’s computerized database system. SINC then generates a notification to the administration of the facility identified as the place where the alleged sexual abuse occurred. Thus, the facility can ensure that all notifications made to other institutions within the Wisconsin DOC system are made within the required 72-hour time limit. The facility also provided two samples of allegations reported to community confinement agencies and those also demonstrated compliance with the standard.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.63 (d) 1 and 2
The facility indicated, in their response to the PAQ, that the agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. ED 72 says, in Section XIV, C, 9, (p. 11), that within 72 hours of receiving an allegation that an offender was the victim of sexual abuse while confined at another facility, the information shall be reported to the head of the facility where the alleged abuse occurred. The facility indicates that, in the past 12 months, the number of allegations of sexual abuse the facility received from other facilities was zero.

	The agency head said, in an interview, “We could see these happen with transfers to and from county jails.” The Warden said, also in an interview, “If we receive a report, we fill out a form and we would investigate and make the proper notification.” A final analysis of the evidence indicates that the facility is in substantial compliance with this provision. Corrective Action A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (policies, directives, forms, files, records, etc.) a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016 c. Agency First Responder Card – Non-Security Staff d. Agency First Responder Card- Healthcare Staff e. Agency First Responder Care - Security Staff f. Form DOC-2981, Revised 09/2022, Sexual Abuse Response Checklist 2. Interviews a. Security and Non-Security Staff First Responders b. Random Sample of Staff Findings (By Provision): 115.64 (a) – 1 - 11 The facility indicated, in their response to the Pre-Audit Questionnaire, PAQ, that the agency has a first responder policy for allegations of sexual abuse. Executive Directive 72, Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72) Section XVI, A, 1, (p.13), outlines the required response of staff upon learning of an allegation of sexual abuse. The policy says that upon learning of an allegation that an offender was sexually abused, the first security staff member to respond to the report shall be required to, at a minimum: a. Separate the alleged victim and abuser: b. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; c. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; and d. If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence including, as appropriate washing, brushing teeth,

changing clothes, urinating, defecating, smoking, drinking or eating.

The facility indicated, in response to the PAQ, that in the past 12 months, the number of allegations that an inmate was sexually abused was five and that, in the past 12 months, the number of times the first security staff member to respond to the report separated the alleged victim and abuser was four. The facility also reported that there was one allegation reported where staff could collect evidence.

All Security staff and Non-security Staff First Responders who were interviewed were aware that they should separate the alleged victim and suspected abuser, preserve and protect any crime scene, and, if the incident occurred within a time frame that allowed for evidence to be collected, they should preserve the ability to collect any useable evidence.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.64 (b)
The facility indicated, in their response to the PAQ, that agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. Agency policy, ED 72 says, in Section XVI, A, 2, “if the first employee responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.” The facility indicated, in their response to the PAQ, that of the allegations that an inmate was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder was four. Staff who were randomly chosen for interview said that they had been trained on what steps to take if they were in that position. The staff have pocket cards with the appropriate steps printed on them and some of them used those in the interview. They all said they would separate the alleged victim and suspected perpetrator, notify security staff immediately, and keep the alleged victim safe, and attempt to preserve any potentially useable evidence, until security staff arrived. Seven of the staff who were randomly chosen for interview articulated the difference between asking the victim not to take any actions that would potentially destroy useable evidence and ensuring that the perpetrator, if known, not take any actions that would destroy useable evidence. Five of them did not articulate this subtle, yet important, difference. The staff do have pocket cards that list the steps that should be taken when acting as a first responder to an incident of sexual abuse and some of them did use them during the interviews.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision. However, auditor recommends that all staff be sent a memo reminding them that the victim, if known, should be encouraged not to take any action that might destroy useable physical evidence and the perpetrator, again, if

	known, should be directed not to. Corrective Action A final analysis of the evidence indicates that the facility is substantially compliant with the standard. However, auditor recommends that all staff be sent a memo reminding them that the victim, if known, should be encouraged not to take any action that might destroy useable physical evidence and the perpetrator, again, if known, should be directed not to.

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (policies, directives, forms, files, records, etc.) a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 410.50.06 Coordinated Response Plan effective date 01/24/2022 c. Wisconsin Department of Corrections Sexual Abuse in Confinement Coordinated Response Plan 2. Interviews a. Warden or Designee b. Random Sample of Staff Findings (By Provision): 115.65 (a) - 1 The facility indicated, in their response to the Pre-Audit Questionnaire, (PAQ), that the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The facility submitted, as documentation, a written institutional plan to coordinate actions taken, by first responders, medical and mental health practitioners, investigators, and facility leadership, in response to an incident of sexual abuse. The plan clearly identifies the responsibilities of security staff first responders, the security director, and non-security staff first responders, including actions to take, other staff to notify, and written documentation to prepare. It also identifies who is responsible for notifying both medical and mental health care services and local law enforcement. The plan includes a list of staff, identifies their position and provides contact information for them as well as for SANE/SAFE staff at the designated hospital and for a community advocate agency. Also included in the written plan is a Sexual Abuse Incident Flowchart that presents all required steps, in the coordinated response, and shows the order they should happen in. The Warden said, in an interview, “Yes, the facility has a sexual abuse response plan, a formal document.” A final analysis of the evidence indicates that the facility is in substantial compliance with the provision Corrective Action

	A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

115.66	**Preservation of ability to protect inmates from contact with abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (policies, directives, forms, files, records, etc.) a. Pre-Audit Questionnaire 2. Interviews a. Agency Head Findings (By Provision): 15.66 (a) The facility indicated, in their response to the PAQ, that the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since the last PREA audit. In an interview conducted via telephone, during the pre-onsite phase of the audit, the agency head said, "We have not. In 2011, collective bargaining for security staff ended. A final analysis of the evidence indicates that the facility is in substantial compliance with the provision. Corrective Action A final analysis of the evidence indicates that the facility is substantially compliance with the standard. There is no corrective action to take.

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (policies, directives, forms, files, records, etc.) a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016 c. Form ODC- 2767, Revised 08/2022, Sexual Abuse Incident Victim Services Coordinator Response Checklist (Blank) d. Form DOC-2805, revised 06/2020, Sexual Abuse Allegation Staff Retaliation Monitoring (Blank) e. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 410.50.04 Support Services and Retaliation Monitoring, effective date 10/18/2021 2. Interviews a. Agency Head b. Warden or Designee c. Designated Staff Member Charged with Monitoring Retaliation d. Inmates Who Reported a Sexual Abuse Findings (By Provision): 115.67 (a) – 1 The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency has a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), outlines, in Section XVIII, (p.16), that (a), each facility shall designate an employee(s) to monitor retaliation to ensure that all offenders and employees involved in the reporting or investigation of sexual abuse and/or sexual harassment are protected and (b), for at least 90 days following a report of sexual abuse, the designated facility-based employee shall monitor the conduct and treatment of the offender(s) or employee(s) who reported the sexual abuse and the offender(s) who were reported to have experienced sexual abuse to determine if retaliation occurred. It also requires that, for offenders, such monitoring

shall include periodic status checks, employees shall act promptly to remedy any such retaliation, and monitoring beyond 90 days shall continue if the initial monitoring indicates a continuing need.

115.67 (a) – 2
The facility indicated, in response to the PAQ, that the agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. Social Workers at the facility, who also fill the role of Victim Services Coordinators, monitor inmate reporters for retaliation. The Facility Compliance Manager (FCM) monitors staff reporters for retaliation. The facility submitted, on the PAQ, copies of blank forms DOC-2805, used to document staff retaliation monitoring, and DOC-2767 Sexual Abuse and Sexual Harassment Incident Victim Services Coordinator Response Checklist. The forms identify the tasks involved in the retaliation monitoring, such as, "schedule a meeting with the alleged victim," the date the meeting took place, and the actions that were taken as a result of the meeting, any comments made by the retaliation monitor, and the anticipated follow-up.

A final analysis indicates that the facility is in substantial compliance with this provision.

115.67 (b)
ED 72, in Section XVIII, C, (p.16), says that for offender or staff who express fear of retaliation, the facility shall take appropriate protective measures. The agency head, said in an interview conducted via telephone, during the post-onsite phase of the audit, "our Executive Directive 72 very clearly states we have a zero-tolerance policy. Victim Service Coordinators are tasked with monitoring and reporting for 90 days or more. Staff is responsible for monitoring and taking the protective measures, such as a change of housing unit or transfer across facilities." A Victim Services Coordinator, at the facility, said, "we meet with them every 30 days, offer room changes, transfers, removal of alleged victims, and contact the PCM if necessary. We also provide access to emotional support services, answer their questions, and let them know that if they suspect anything, they should let us know right away." He also said, "as soon as we get the notification in SINC, we go right away to the person in our care and initiate contact and describe our services and what we do."

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.67 (c and d)
The facility indicated, in their response to the PAQ, that the facility monitors the conduct or treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by staff for at least 90 days. ED 72, in Section XVIII,

	(p.16), requires that, for at least 90 days following a report of sexual abuse, the facility staff who are responsible for retaliation monitoring will monitor the conduct and treatment of inmates and staff who reported the sexual abuse and the offender who was reported to have experienced sexual abuse to determine if retaliation occurred. It goes on to say that for offenders, the monitoring is to include periodic status checks and that employees shall act promptly to remedy any such retaliation. It also says that retaliation monitoring may continue beyond 90 days if the initial monitoring indicates a need. A Social Worker who acts as a Victim Services Coordinator said, “I would keep victims separate from everyone else, talk with supervisors and fill out the necessary paperwork. I would check in with them and offer resources, ask if they need an advocate called.” She also said she would initiate contact with any inmate who alleged sexual abuse and that she would reach out to them every 30 days, for at least 90 days, or longer if they needed it. A final analysis of the evidence indicates that the facility is in substantial compliance with the provision. 115.67 (e) In response to the question, on the PAQ, that asks if the agency takes appropriate measures to protect any other individual who cooperates with an investigation and expresses a fear of retaliation, the Agency head said, “we have protection measures that include housing changes within facility, or transfer to another facility, could remove alleged abuser and provide emotional support services.” A final analysis of the evidence indicates that the facility is in substantial compliance with the provision. Corrective Action A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (policies, directives, forms, files, records, etc.) a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016 c. Form DOC-30, Revised 10/2015, Review of Inmate in Restrictive Housing (Blank) 2. Interviews a. Warden or Designee Findings (By Provision): 115.68 (a) - 1 The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), in Section XVI, A, 5, (p. 14), says that any use of restricted status housing to protect an offender who is alleged to have suffered sexual abuse shall be subject to the requirements of Standard 115.43. 115.68 (a) – 2 The facility reports as zero, the number of inmates, who alleged to have suffered sexual abuse, who were held in involuntary segregated housing, within the past 12 months, for one to 24 hours, while awaiting completion of assessment. 115.68 (a)- 3 The facility reports as zero, the number of inmates, who alleged to have suffered sexual abuse, who were assigned to involuntary segregated housing, in the past 12 months, for more than 30 days, while awaiting alternative placement. 115.68 (a) – 4 The facility reports that they have not held any inmates who alleged sexual abuse, in, or assigned any inmates who alleged sexual abuse to, segregated housing, in the last 12 months.

	115.68 (a) – 5 The facility indicated, in their response to the PAQ, that if an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population. ED 72, in Section XIII, B, 3, (p.10), says that if involuntary separation is used, “every 30 days, the facility shall review the offender’s circumstances to determine whether there is a continuing need for separation from the general population and document accordingly.” The facility submitted a Department of Corrections Form #DOC-30, Review of Inmate in Restricted Housing, that would be used to conduct a 30-day review if the facility did hold any inmates in, or assign any inmates to, restrictive housing. The Warden said, in an interview, “we would not house them in restrictive housing unless we have absolutely no other means or they request it, and we would consult with health care and psychological staff before housing them there and it would be for the shortest time possible because we would look for a transfer to another facility.” A final analysis of the evidence indicates that the facility is in substantial compliance with the standard. Corrective Action: A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (policies, directives, forms, files, records, etc.) a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016 c. Scope of Expansion for Internal Affairs Notice, dated 07/01/2021 d. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 306.00.15 Inmate Investigations, effective date 05/17/2021 e. Wisconsin Department of Corrections Division of Adult Institutions Policy #:303.00.05 Law Enforcement Referrals, effective date 02/22/2021 f. Wisconsin Department of Corrections Human Resources Policy Employee Disciplinary Investigations, effective date 10/28/2020 g. Agency Sensitive Investigation Network Communication (SINC) Guide, dated 02/19/2021 h. Sample, PRB-0001, Revised 09/2016, Retention/Disposition Authorization, i. Sample Investigative Files (4) of investigations conducted during the audit period 2. Interviews a. Investigative Staff b. Warden or Designee c. PREA Coordinator d. PREA Compliance Manager e. Inmates Who Reported a Sexual Abuse Findings (By Provision): 115.71 (a) The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency/facility does have a policy related to criminal and administrative agency investigations. Three policies are currently in use to address investigation of behavior by staff, contractors, or inmates in relation to sexual abuse and sexual harassment of inmates. They are Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72); Division of Adult Institutions (DAI) Policy #306.00.15 and Department of Corrections (DOC) Human Resources Policy 200.30.304. ED 72, in Section XVII, A through M, (p. 15) requires: a - an investigation be completed for all allegations of sexual abuse and sexual harassment, b - allegations that involve potentially criminal behavior to be referred to local law

	enforcement for investigation, c - agency investigators to follow a uniform evidence protocol that maximizes the potential for preserving and/or collecting usable physical evidence for administrative proceedings and criminal prosecutions and is adapted from a comprehensive and authoritative protocol developed after 2011, and to request that any investigating law enforcement agency follow the same protocol when investigating allegations for the agency, d - investigators to collect and preserve any direct and circumstantial evidence, to interview alleged victims, suspected perpetrators and witnesses and to review prior complaints and reports involving the suspected perpetrator, e – the credibility of an alleged victim, suspect or witness be assessed on an individual basis and not on the person's status as an offender and that a complainant not be required to submit to a lie detector, or other truth-telling device as a condition for proceeding with the investigation, f – administrative investigations to include an effort to determine whether employee actions or failures to act contributed to the abuse, g – the DOC to impose no higher standard than preponderance of the evidence in determining whether the allegations of sexual abuse or sexual harassment are substantiated, h - all investigations to be documented in a written report to be retained for as long as the alleged abuser is incarcerated or employed by the agency plus ten years, I - the departure of an alleged abuser or victim from employment or control of the facility, or the recantation of the allegation, to not provide a basis for terminating an investigation, j - the facility to cooperate with outside agencies that investigated allegations for them and to work to remain informed about the progress of the investigation, k - the agency to inform all victims, following an investigation, whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded and to document the notification, l - the agency to inform an alleged victim when an employee is no longer posted within the alleged victim’s unit, when the employee is no longer employed at the facility, or when the agency learns that the employee has been indicted or convicted on a charge related to the initial allegation of sexual abuse and to document such notification, and m - the agency to inform an alleged victim whenever the agency learns that the alleged abuser has been indicted or convicted on a charge related to the initial allegation of sexual abuse and to document the notification. The inmate Investigations policy and the Employee Disciplinary Investigations policy both specifically state that investigations are to be objective, thorough, and conducted promptly, and all require investigation of each report of sexual abuse or sexual harassment, including third party and anonymous reports. Auditors interviewed a staff who conducts investigations. When asked how long it takes to initiate an investigation following an allegation of sexual abuse or sexual harassment, she said, “we begin the investigation as soon as humanly possible. Without delay.”

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.71 (b)
ED 72, in Section XI, A, 4, (p. 8) requires all staff who investigate incidents of sexual abuse and sexual harassment to receive specialized training on techniques for interviewing sexual abuse victims, proper use of Miranda, Garrity and Oddsen warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecutorial referral. It also requires the agency to maintain documentation of the training completions. Auditors reviewed the investigator training lesson plan and found that it does include all items listed above. Unit 1, of the training, is entitled, "Sexual Abuse and Sexual Harassment in Confinement, " and it provides definitions, information on vulnerable populations, techniques for interviewing victims, evidence protocol, information on forensic examinations, evidentiary standard for administrative investigations, reporting to inmates, sexual abuse incident reviews, and staff duties and responsibilities. Auditors also reviewed a computerized database printout that the agency uses to record, and track, investigator training, showing that the agency investigators were properly trained. Auditors noted that the name of the investigator interviewed at the facility was on the list of investigators who were properly trained. The investigator confirmed that she had received training specific to conducting sexual abuse investigations in confinement settings and that the training covered techniques for interviewing, proper use of Miranda and Garrity warnings, evidence collection, and the criteria and evidence required to substantiate a case for administrative or prosecution referral. She said she had completed a 40-hour training that included a mock investigation and that she keeps fresh with investigations because she conducts them and because she and the Facility PREA Compliance Manager are involved in presenting updated PREA Investigator Training to facility investigative staff.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.71 ©
The investigator who was interviewed said, when asked what the first steps in initiating an investigation would be and how long those steps would take, “starting where the case is assigned to me, I would work with a co-investigator to identify what the allegations are and if the inmates have been separated. If not, I would do that first. It the alleged perpetrator is an inmate, do they need to be transferred to another facility, or if the alleged perpetrator is staff, do they need to be removed from the building, or the unit. Then I would interview witnesses, victim and the alleged perpetrator if known. I would document using our facility and agency forms so it can all be entered into the Sensitive Information Network Communication (SINC) system.” I would keep a chronological long, include camera footage, physical

	evidence, witness statements, and ensure that it is all uploaded to SINC. I would write a report and submit to the Security Director and to the Deputy Warden, and to Human Resources if staff is involved." The facility also provided copies of the four sexual abuse investigations that were completed, at the facility, in the audit period. Auditor reviewed all four investigations and determined that they are well conducted and do meet the PREA standard. A final analysis of the evidence indicates that the facility is in substantial compliance with this provision. 115.71 (d) ED 72, in Section XVII, B, (p.15), identifies that allegations of sexual abuse or sexual harassment that involve potentially criminal behavior will be referred for investigation to local law enforcement. When asked about compelled interviews, the investigator said, "we would conduct them in conjunction with detectives." She said that she has done them but that, typically, she does not. A final analysis of the provision indicates that the facility is in substantial compliance with this provision. 115.71 (e) ED 72 identifies, in Section XVII, E, (p. 15) that the credibility of an alleged victim, suspect or witness is assessed on an individual basis, not by the person's status as an offender or employee. It goes on to say that the Department of Corrections (DOC) will not require an offender who alleges sexual abuse to submit to a polygraph examination or any other truth telling device as a condition for proceeding with the investigation. All three agency policies relating to investigations listed above require that credibility be assessed on an individual basis and not be determined by the person's status as an offender or staff member. The facility investigator confirmed that the standard of evidence required to substantiate allegations of sexual abuse is a preponderance of evidence, that is, if it is more likely than not that the abuse occurred. She also said that he would not ask an inmate to take a lie detector test. Two inmates who reported sexual abuse were interviewed and both confirmed that they were not asked to take a lie detector test. A final analysis of the evidence indicates that the facility is in substantial compliance with this provision. 115.71 (f) ED 72, in Section XVII, paragraph F, (p. 15) says, "administrative investigations shall include an effort to determine whether employee actions or failures to act contributed to the abuse." The investigator who was interviewed said, "with respect to staff, staff investigations regarding sexual abuse and sexual harassment are conducted by

Internal Affairs but we would still conduct the Sexual Abuse Incident Review (SAIR) and look at the issue there as well."

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.71 (g)
ED 72, in Section XVII, H, (p.15) requires that administrative and criminal investigations be documented in a written report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments and the investigative facts and findings. The agency uses a computerized database called the Sensitive Investigative Information Network (SINC) to house all information related to investigations of sexual harassment and sexual abuse. The facility included the entire investigations, all interviews, etc., on the PAQ so auditor was able to review them.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.71 (h)
The facility indicated, in their response to the PAQ, that substantiated allegations of conduct that appear to be criminal are referred for prosecution. ED 72, in Section XVII, B, (p. 15) requires that all allegations that involve potentially criminal behavior be referred for investigation to local law enforcement. Department Of Corrections Human Resources Policy #200.30.304 identifies, in Section 5, D, (p. 8), that all allegations of sexual abuse shall be reported to law enforcement by the Security Director, PREA Compliance Manager, or other designee and that allegations of sexual harassment that involve potentially criminal behavior shall also be referred to law enforcement. The facility investigator said, "we refer allegations that include potentially criminal behavior or if it meets the definition of sexual abuse." The facility reports the number of allegations that were referred for prosecution, in the past 12 months, as zero.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.71 (i)
The facility indicated, in their response to the PAQ, that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency plus five years. ED 72, in Section XVII, H, (p. 16) requires that documentation of administrative and criminal investigations be retained as long as the alleged abuser is incarcerated or employed by the agency plus ten years. The

	facility submitted, as documentation, Public Records Board Form PRB-001, used to document the disposition of retained records. The creation date of the record is 2013 and the disposal date is September of 2018, with the appropriate box checked identifying the reason for disposal of the record as, “termination/end of employment.” The auditor confirmed, through conversations with the agency PREA Director, that the agency maintains investigative records for the period of time required by this provision. A final analysis of the evidence indicates that the facility is in substantial compliance with this provision. 115.71 (j) ED 72, says, in Section XVII, I, (p.15), that the departure of an alleged abuser or victim from the employment or control of the facility, shall not provide a basis for terminating an investigation. The investigator, when asked if she would terminate an investigation if an alleged abuser or victim left the agency’s employment or control, confirmed that she would not. She said, “our practice is that we will still complete the investigation with the offender that is alleging the abuse. If we have enough evidence to refer to the Milwaukee Police Department, they will still continue the investigation even if the accused is no longer working with the Department of Corrections.” One of the four investigations, submitted on the PAQ by the facility, included a staff abuser who resigned prior to the completion of the investigation. The documents submitted revealed that the investigation continued after the resignation occurred. A final analysis of the evidence indicates the facility is in substantial compliance with this provision. 115.71 (l) ED 72, identifies, in Section XVII, J, (p. 15), that when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall work to remain informed about the progress of the investigations. DAI Policy #: 306.00.15 Inmate Investigations, says, in Section III, F, (p.4), that investigators shall work collaboratively with law enforcement investigators and attempt to remain informed about the progress of the investigation. The agency PREA Coordinator said, “investigators have been trained to work collaboratively with local law enforcement and as soon as we are aware that criminal activity may be involved, we contact them.” The Facility PREA Compliance Manager identified having good working relationships with both the Internal Affairs division of the agency and the local law enforcement agency, the Milwaukee Police Department, and said that they would work with them to provide documentation they might need. The Warden said that the facility can contact either agency by telephone or e-mail and get a quick response. A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

	Corrective Action: A final analysis of the evidence indicates that the facility is substantially complaint with the standard. There is no corrective action to take.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (policies, directives, forms, files, records, etc.) a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016 c. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 396.00.16 Inmate Investigations, effective date 05/17/2021 d. Wisconsin Department of Corrections Human Resources Policy 200.30.304 Employee Disciplinary Investigations, issue date 10/28/2020 e. Investigative files 2. Interviews a. Investigative Staff Findings (By Provision): 115.72 (a) The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (ED 72), says, in Section VII, G, (p. 16) that the agency will impose no higher standard than a preponderance of the evidence in determining whether the allegations of sexual abuse or sexual harassment are substantiated. An interview with a facility investigator bore out that they rely on a preponderance of evidence in determining the outcome of an allegation. That is, they rely on evidence to assist them in determining if the incident was more likely than not to have occurred as the complainant alleged. Auditor reviewed investigative files included on the PAQ and determined that the facility does impose a standard of preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

	Corrective Action A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

115.73	Reporting to inmates
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (policies, directives, forms, files, records, etc.) a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016 c. Agency Investigation Close Out Inmate Notification Templates (Blank) 2. Interviews a. Warden or Designee b. Investigative Staff c. Inmates Who Reported a Sexual Abuse Findings (By Provision): 115.73 (a) – 1, 2 and 3 The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency has a policy requiring that any inmate who alleges that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), requires, in section XVII, K, (p. 16), that following an investigation of an allegation that an offender suffered sexual abuse in the facility, the facility shall inform the alleged victim, and document that notification, whether the allegation was determined to be substantiated, unsubstantiated, or unfounded. Further policy review by the auditor determined that the two investigation policies, Division of Adult Institutions (DAI) 306.00.15, Inmate Investigations (Section III, L), and Human Resources Policy 200.30.304, Employee Disciplinary Investigations (Section VI, D) both require that victims of sexual abuse or sexual harassment complaints be notified in writing of the outcome of the investigation. A review of the Investigator training module verified that, included in the training is the information that PREA Disposition Letters are sent to the inmate victim by the PREA Office. The module says that a copy of the disposition letter shall be uploaded to the Sensitive Investigative Network Communication (SINC), the agency's sexual abuse and sexual harassment allegation and investigation tracking database. The facility presented, on the PAQ, copies of the notification templates that are used to notify inmates of investigation outcomes, as well as documentation printed from the agency's computerized database that shows

where the notifications are documented and tracked. They also provided a copy of the one notification that was sent during the audit period. The templates presented included notifications for when allegations are determined, after investigation, to be substantiated, unsubstantiated, and unfounded as well as a notification that is sent to an inmate who makes an allegation of sexual abuse or sexual harassment but whose allegation does not meet the criteria of an allegation of sexual abuse or sexual harassment. Auditor feels that, by doing this, the facility exceeds the standard. Auditor has interviewed inmates, in other audits, who have said that they filed an allegation but never heard anything from staff and did not know the status of their allegation. The notification template used, in this instance, also informs them that their concerns will be addressed through appropriate corrective action according to agency policies and procedures.

The facility reports that four investigations of sexual abuse allegations were conducted, in the last 12 months. They also reported, in their response to the PAQ, that one notification was made in writing during the audit period because the remaining three alleged victims were released, from the custody of the Wisconsin Department of Corrections, prior to the completion of the investigations. Interviews with the agency PREA Director, and the Facility PREA Compliance Manager (PCM) verified that every investigation that is conducted will culminate with a report of the findings to the inmate who brought the allegation and demonstrated where the information, regarding the provision of the disposition letter to the inmate, is documented in SINC.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.73 (b) – 1, 2, and 3
The facility indicated, in their response to the PAQ, that if an outside entity conducts such investigations the agency requests the relevant information from the investigative entity to inform the inmate of the outcome of the investigation. ED 72 requires, in Section XVII, K (p. 16), that if the facility did not conduct the investigation, it must request the relevant information, from the investigating agency, to inform the alleged victim. The facility indicated, in their response to the PAQ, that no allegations of alleged sexual abuse in the facility were investigated by an outside agency during the audit period, thus no notifications to inmates were made.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.73 (c) 1, 2 and 3
The facility indicated, in their response to the PAQ, that following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, the agency/facility subsequently informs the inmate (unless the agency has determined that the allegation is unfounded) whenever:

a - the staff member is no longer posted within the inmate's unit:
b – the staff member is no longer employed at the facility:
c – the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
d – the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Agency Policy, ED 72, in Section XVII, L, (p. 16) outlines that, following an offender's allegation that an employee committed sexual abuse against an offender and the findings are substantiated or unsubstantiated, the agency is required to inform the alleged victim, and document the notification, whenever the employee is no longer posted within the alleged victim's unit, when the employee is no longer employed at the facility, or when the agency learns that the employee has been indicted or convicted on a charge related to the initial allegation of sexual abuse. The Directive goes on to say, that the agency will notify an alleged victim whenever it learns that the alleged abuser has been indicted or convicted on a charge related to the initial allegation of sexual abuse. The facility presented form letters used to notify inmates when the employee is no longer posted within the alleged victim's unit, when the employee is no longer employed at the facility, or when the agency learns that the employee has been indicted or convicted on a charge related to the initial allegation of sexual abuse. The facility indicated, in their response to the PAQ, that there were two substantiated or unsubstantiated complaints of sexual abuse, committed by a staff member against an inmate, in the past 12 months but that the staff resigned and/or the inmate, in both instances, was released from the custody of the Wisconsin Department of Corrections, prior to the completion of the investigation, thus no outcome letters were provided.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.73 (d)
The facility indicated, in their response to the PAQ, that following an inmate's allegation that he or she has been sexually abused by another inmate in an agency facility, the agency subsequently informs the alleged victim whenever:
a – the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility: or
b – the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. Agency policy, ED 72, in Section XVII, M, (p.16) says that following an offender's allegation that he or she has been sexually abused by another offender, the DOC will inform that alleged victim, and document such notification, whenever the agency learns that the alleged abuse has been indicted or convicted on a charge related to the initial allegation of sexual abuse. The facility reported, on the PAQ, that of the two completed inmate-on-inmate investigations, one outcome letter was send and one inmate was released from the Wisconsin Department of Correction's custody prior to the completion of the investigation. A copy of the notification was provided on the PAQ.

	A final analysis of the evidence indicates that the facility is in substantial compliance with the provision. 115.73 (e) – 1, 2 and 3 The facility indicated, in their response to the PAQ, that the agency has a policy that all notifications to inmates described under this standard are documented. ED 72, Section XII, L and M, (p. 16), requires that all notifications made to inmates, regarding outcomes of investigations of all allegations of sexual abuse and sexual harassment be documented. The facility reported, on the PAQ, that, in the past 12 months, the number of notifications to inmates that were provided pursuant to this standard is one. They provided a copy of that notification and printouts from the SINC system that demonstrated how, and where, this notification is documented. A final analysis of the evidence indicates that the facility is in substantial compliance with the provision. Corrective Action: A final analysis of the evidence indicates that the facility exceeds this standard because it also notifies inmates when an allegation does not constitute sexual abuse or sexual harassment and informs them that their report will not result in a PREA investigation. The notification also tells the inmate that their concerns will be addressed through appropriate corrective action according to the agency's policies and procedures and provides them with the name of staff they can contact if they have questions.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (policies, directives, forms, files, records, etc.) a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016 c. Agency Administrative Code Chapter DOC 303 Discipline Findings (By Provision): 15.78 (a) – 1, 2, and 3 The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), in Section XIX, paragraph B, 1, (p. 17), identifies that offenders who have committed offender-on-offender sexual abuse are subject to disciplinary sanctions pursuant to a formal disciplinary process. The facility reports, in their response to the PAQ, that, in the past 12 months the number of administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility is zero. They also reported that, in the past 12 months, the number of criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility was zero. A final analysis of the evidence indicates that the facility is in substantial compliance with this provision. 115.78 (b) Agency policy, ED 72, also says, in Section XIX, B, 1, (p. 17), that sanctions imposed on inmates will be commensurate with the nature and circumstances of the violation, the offender's disciplinary history and the sanctions imposed for comparable offenses by other offenders with similar histories. In an interview, the Warden said, "sanctions could be criminal prosecution. We also follow the Agency Administrative Code guidelines. Classification would determine a custody level, after a classification hearing, and, if the inmate is found guilty, their custody level will be raised, and they will be transferred out of minimum." A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.78 ©
Agency Policy, ED 72 says, in Section XIX, B, 3 that the disciplinary process shall consider whether a perpetrating offender's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The Warden confirmed this is an interview.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.78 (d)
The facility indicated, in their response to the PAQ, that the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse and that the same services that are offered to victims are also offered to abusers. ED 72, Section XIX, B, 4, (p. 17), says that the facility shall consider requiring perpetrating offenders to participate in interventions, such as therapy or counseling, to address and correct underlying reasons or motivations for the abuse, . . . but not as a condition to general programming or education." Medical and Mental Health staff who were interviewed said that psychological services are not available at the correctional center but that they facility would transport inmates to the Milwaukee Secure Detention Facility, which is located nearby, for that service if needed. They also said that participation in the therapy would not be a condition to general programming or education.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.78 (e)
The facility indicated, in their response to the PAQ, that the agency disciplines inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact. ED 72, says, in Section XIX, B,5, (p. 18), that an offender may only be disciplined for sexual contact with an employee upon a finding that the employee did not consent to such contact. Auditor's review of investigations conducted, in the last 12 months, did not find any instances where an inmate was disciplined for sexual conduct with staff.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.78 (f)
The agency indicated, in their response to the PAQ, that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not

	establish evidence sufficient to substantiate the allegation. ED 72, in XIX, B, 6, (p. 17), says that inmates will not be disciplined for filing an allegation in good faith, based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence to substantiate the claim. Auditor's review of investigations conducted, in the last 12 months, did not find any instances where an inmate was disciplined for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if the investigation did not establish evidence sufficient to substantiate the allegation. A final review of the evidence indicates that the facility is in substantial compliance with the provision. 115.78 (g) The facility indicated, in their response to the PAQ, that the agency prohibits all sexual activity between inmates. Agency Administrative Code Chapter 303, Inmate Discipline, in Section DOC 303.14 Sexual Conduct, (p.17), identifies that consensual sexual acts are prohibited. The facility also indicated, in their response to the PAQ, that the agency deems sexual activity between inmates to constitute sexual abuse only if it determines that the activity is coerced. Agency policy, ED 72, in Section XIX, B, 7, (p.17) says that consensual sexual activity between offenders is prohibited by the Department of Corrections but that sexual activity between inmates that is not coerced will not be considered sexual abuse. A final analysis of the evidence indicates that the facility is in substantial compliance with the provision. Corrective Action: A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (policies, directives, forms, files, records, etc.) a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016 c. Wisconsin Department of Corrections Executive Directive #2 Employee Discipline, effective date 01/04/2019 2. Interviews a. Warden or Designee Findings (By Provision): 15.77 (a) 1 - 4 The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. Executive Directive Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72) says, in Section XVII, B, (p.15), that allegations of sexual abuse or sexual harassment that involve potentially criminal behavior shall be referred for investigation to local law enforcement and that all referrals to law enforcement must be documented. The same policy, in Section XIX, A, 4, (p. 17), identifies that any volunteer or contractor who engages in sexual abuse will be prohibited from contact with offenders and will be reported to relevant licensing bodies. The facility reported, on the PAQ, that, in the past 12 months, zero contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates. The facility also reported, on the PAQ, that, within the past 12 months, no contractors or volunteers have been reported to law enforcement for engaging in sexual abuse of inmates. A final analysis of the evidence indicates that the facility is in substantial compliance with the provision. 115.77 (b)

	The facility indicated, in their response to the PAQ, that the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. ED 72, in Section, XIX, A, 4, (p.17), says that appropriate remedial measures shall be taken by the facility to ensure the safety of offenders in contact with volunteers and contractors. When asked, in an interview, what remedial measures would be taken in the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, the facility Warden said, “we would take away their access to the facility.” A final analysis of the evidence indicates that the facility is in substantial compliance with the provision. Corrective action: A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (policies, directives, forms, files, records, etc.) a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016 c. Agency Administrative Code Chapter DOC 303 Discipline 2. Interviews a. Warden or Designee b. Medical and Mental Health Staff Findings (By Provision): 15.78 (a) – 1, 2, and 3 The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), in Section XIX, paragraph B, 1, (p. 17), identifies that offenders who have committed offender-on-offender sexual abuse are subject to disciplinary sanctions pursuant to a formal disciplinary process. The facility reports, in their response to the PAQ, that, in the past 12 months the number of administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility is zero. They also reported that, in the past 12 months, the number of criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility was zero. A final analysis of the evidence indicates that the facility is in substantial compliance with this provision. 115.78 (b) Agency policy, ED 72, also says, in Section XIX, B, 1, (p. 17), that sanctions imposed on inmates will be commensurate with the nature and circumstances of the violation, the offender's disciplinary history and the sanctions imposed for comparable offenses by other offenders with similar histories. In an interview, the Warden confirmed this and said that the Psychological Services Unit staff will give input regarding sanctions imposed on inmates as well.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.78 ©
Agency Policy, ED 72 says, in Section XIX, B, 3 that the disciplinary process shall consider whether a perpetrating offender's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The Warden confirmed this is an interview.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.78 (d)
The facility indicated, in their response to the PAQ, that the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse and that the same services that are offered to victims are also offered to abusers. ED 72, Section XIX, B, 4, (p. 17), says that the facility shall consider requiring perpetrating offenders to participate in interventions, such as therapy or counseling, to address and correct underlying reasons or motivations for the abuse, . . . but not as a condition to general programming or education." Mental Health staff who were interviewed said that psychological services would be offered but that, "their lack of participation would not result in withholding any other benefits they might have."

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.78 (e)
The facility indicated, in their response to the PAQ, that the agency disciplines inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact. ED 72, says, in Section XIX, B,5, (p. 18), that an offender may only be disciplined for sexual contact with an employee upon a finding that the employee did not consent to such contact. Auditor's review of investigations conducted, in the last 12 months, did not find any instances where an inmate was disciplined for sexual conduct with staff.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.78 (f)
The agency indicated, in their response to the PAQ, that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a

	reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. ED 72, in XIX, B, 6, (p. 17), says that inmates will not be disciplined for filing an allegation in good faith, based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence to substantiate the claim. Auditor's review of investigations conducted, in the last 12 months, did not find any instances where an inmate was disciplined for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if the investigation did not establish evidence sufficient to substantiate the allegation. A final analysis of the evidence indicates that the facility is in substantial compliance with the provision. 115.78 (g) The facility indicated, in their response to the PAQ, that the agency prohibits all sexual activity between inmates. Agency Administrative Code Chapter 303, Inmate Discipline, in Section DOC 303.14 Sexual Conduct, (p.17), identifies that consensual sexual acts are prohibited. The facility also indicated, in their response to the PAQ, that the agency deems sexual activity between inmates to constitute sexual abuse only if it determines that the activity is coerced. Agency policy, ED 72, in Section XIX, B, 7, (p.17) says that consensual sexual activity between offenders is prohibited by the Department of Corrections but that sexual activity between inmates that is not coerced will not be considered sexual abuse. A final analysis of the evidence indicates that the facility is in substantial compliance with the provision. Corrective Action: A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (policies, directives, forms, files, records, etc.) a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Executive Directive #72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016 c. Sample of Emergency Medical Record (EMR) note d. Form DOC-2781B, Revised 09/2017, PREA Screening Tool, Adult Male Facility (Blank) e. PREA Admission Adult Male Facility Agency Risk Screening Referral (Blank) f. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 500.70.01 Mental Health Screening, Assessment and Referral, effective date 08/31/2020 g. Printout from computerized database identifying inmates who accepted a referral to Mental Health h. Milwaukee Secure Detention Facility Risk Screening Referrals 2. Interviews a. Inmates who Disclose Sexual Victimization at Risk Screening b. Staff Responsible for Risk Screening c. Medical and Mental Health Staff Findings (By Provision): 115.81 (a) – 1, and 2 The facility indicated in their response to the Pre-Audit Questionnaire (PAQ), that all inmates at the facility who have disclosed prior sexual victimization, during a screening pursuant to Standard 115.41, are offered a follow-up meeting with a medical or mental health practitioner and that the follow-up meeting is offered within 14 days of the intake screening. Agency policy, Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), in Section XII, E, (p. 9), requires that if either the initial or a follow-up screening indicates that an offender has previously experienced sexual victimization, or has perpetrated sexual abuse,

whether it occurred in an institutional or community setting, staff shall ensure the offender is offered a follow-up meeting with a mental health provider, to take place within 14 days of the initial, or follow-up, screening. Division of Adult Institutions (DAI) Policy #500.70.01 holds staff who conduct PREA risk screening responsible for offering inmates a follow-up meeting with Psychological Services Unit (PSU) staff when the screening reveals that the inmate has experienced prior sexual victimization or has been previously sexually abusive. If an inmate accepts the follow-up meeting with PSU, that meeting is to take place within 14 days of the PREA screening.

115.81 (a) – 3
The facility reports, in response to the PAQ, that, in the past 12 months, 100 percent of inmates who disclosed prior sexual victimization during risk screening were offered a follow-up meeting, with medical or mental health staff. Staff indicated that the Wisconsin Integrated Computer System, (WICS) the agency's computerized database system, is used to record screenings of inmates. A sample risk screening form was provided, on the PAQ, that shows the questions that are asked during the screening. Questions 6, and 7, in Part A of the Screen, the inmate is asked about prior sexual victimization in the community or in confinement. A staff person who conducts risk screening said, in an interview, that inmates who disclose prior sexual victimization are offered a follow-up meeting with mental health at the time of the screening, when they report the prior victimization and that the meetings are typically held within the next 24 or 48 hours. Auditor noted that there is an automatic referral system built into the program so that if the inmate answers yes to either of the questions, the system will prompt screening staff to ask the inmate to either accept or refuse a medical or mental health referral. If the inmate accepts the referral, the date of acceptance is documented, and the referral is submitted. When the inmate is seen, mental health staff providing the service will make a notation, in the electronic medical record (EMR), noting the date, time, reason and staff who met with the inmate. The facility documented, by running a data base query, that, in the past 12 months, there were five inmates at the facility who, upon reporting prior sexual abuse during risk screening, were offered a follow-up meeting with the mental health services and accepted the meeting referral.

115.81 (a) – 4
The facility indicated, on the PAQ, that all five of the inmates who reported prior sexual abuse and accepting a meeting referral were seen by mental health staff within 14 days. They provided EMR printouts that noted the date the follow-up meetings were held. Auditor noted, while comparing the EMR notes to the printout showing the date of referrals, that all five of the follow-up meetings were conducted within 14 days of the initial screen which was also the referral date. An inmate who disclosed prior sexual victimization during initial screening said, in an interview, that he was offered a meeting with mental health.

A final analysis indicates that the facility is in substantial compliance with the provision.

115.81 (b)
The facility indicated, in their response to the PAQ, that all inmates who have previously perpetrated sexual abuse, as indicated during the screening pursuant to 115.41, are offered a follow-up meeting with a mental health practitioner. ED 72, in Section XII, E, (p. 9), requires that if either the initial or a follow-up screening indicates that an offender has perpetrated sexual abuse, whether it occurred in an institutional or community setting, staff shall ensure the offender is offered a follow-up meeting with a mental health provider, to take place within 14 days of the initial, or follow-up, screening. DAI policy #500.70.01 holds staff who conduct PREA risk screening responsible for offering inmates a follow-up meeting with PSU staff when the screening reveals that the inmate has been previously sexually abusive. A review of the tool used in risk assessment screening shows that question number 8, in part A of the Screen, asks this question. If the inmate answers in the affirmative, a radio button is generated that prompts staff to then offer the referral to a follow-up meeting with mental health services. If the inmate accepts the referral, the system automatically documents the date of acceptance, and the referral is electronically generated. When the follow-up meeting takes place, health care staff make a notation recording the date, time, and reason for the meeting, and the name of the staff who met with the inmate, in the EMR. The system can be queried, and a printout generated, documenting the referrals made. A database printout documented that there were no inmates, in the pat 12 months, who reported having perpetrated a sexual abuse. Thus, no referrals were generated. Documentation is electronically generated and maintained using WICS.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.81©
See 115.81 (a)

115.81(d) - 1
The facility indicated, in their response to the PAQ, that information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners but that it is shared with selected other facility staff who need the information to perform their jobs. ED 72, in Section XII, F, (p. 9) says that appropriate controls shall be placed on the dissemination of information gathered during initial, and follow-up, screenings so that sensitive information cannot be exploited to the offender’s detriment. It goes on to say that any information related to sexual victimization or abusiveness occurring in an institutional setting is considered confidential and access to that information is strictly limited to medical and mental health clinicians and other employees, as necessary, to inform treatment and program assignments or as otherwise required by law. Section XIII, A, (p. 10), identifies that information obtained from the initial or follow-up

	screening shall inform housing, bed, work, education and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. On-site, staff demonstrated that the information is stored electronically and is protected by user profile. Access to the information is controlled by restricting log-in and password information and sharing it with staff who are responsible for making security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law. A final analysis of the evidence indicates that the facility is in substantial compliance with the provision. 115.81 (e) ED 72, in Section XII, F, (p. 9), states, in part," Medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting." The agency provided form DOC-1163, Authorization for Disclosure of Non-Health Confidential Information, which requires the inmate's signature prior to disclosure of such information. They also provided, as documentation, a DOC-1923 form, Limits of Confidentiality of Health Information that explains, in No 6, that health care providers are required to report otherwise confidential information to the appropriate DOC authorities if it raises concern about a threat to the inmate, to a DAI or DJC correctional facility, to a community corrections operation, and/or to public safety. Examples given of information that would have to be reported are: a. overt/covert threats of harm to yourself or others. b. reports of any alleged sexual activity between an offender and any other person. c. reports of confinement-based sexual abuse, sexual harassment, or retaliation related to reporting either. This form also requires the inmate's signature. The Health Services Director confirmed that staff do obtain the appropriate consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting. She also pointed out that the facility does not have youthful inmates. A final analysis of the evidence indicates that the facility is in substantial compliance with the provision Corrective Action: A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (policies, directives, forms, files, records, etc.) a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 500.30.19 Sexual Abuse – Health Services Unit Procedure in the Event of Sexual Abuse, effective date 04/01/2017 c. Form DOC-3001, Revised 03/2011, Off-Site Service Request and Report (Blank) d. Wisconsin Department of Correction Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016 e. Division of Adult Institutions Policy #: 316.00.01 Attachment – Inmate Co-Payment for Health Services Attachment – Copayment Table, effective 11/02/2017 2. Interviews a. Medical and Mental Health Staff b. Inmates Who Reported a Sexual Abuse c. Security Staff and Non-Security Staff First Responders Findings (By Provision): 115.82 (a) – 1 The facility indicated, in their response to the Pre-Audit Questionnaire, (PAQ), that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Department of Adult Institutions (DAI) Policy#: 500.39.19 says, in its policy statement, “Division of Adult Institution facilities shall ensure health care staff provides prompt and appropriate health care interventions in response to reported incidents of sexual abuse.” The same policy, in Section II, A, (p.3,) says, “the first staff member to receive information regarding an incident of sexual abuse shall notify the on-site Security Supervisor and the Health Services Unit (HSU) Manager/designee.” The next paragraph, paragraph B, says, “if there is no RN on site, Security shall immediately contact the on-call nurse.” The Health Services Unit (HSU) Supervisor confirmed, in an interview, that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The Psychological Services Unit (PSU) Supervisor

said, “well, obviously medical treatment would be first. After that, psychological services would provide crisis intervention services as appropriate.”

115.82 (a) – 2
The facility indicated, in their response to the PAQ, that the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), (ED 72), identifies, in Section XVI, B, 1, (p.14), that victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, that nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. The HSU Supervisor confirmed this and the PSU Supervisor both confirmed this.

115.82 (a) – 3
The facility indicated, in their response to the PAQ, that medical and mental health staff do maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported, and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. The facility submitted an Agency Off-Site Review Form, that is completed whenever an inmate is transported off-site for medical treatment. The form asks for the date and time to be recorded which can then be cross-referenced with an Incident Report to determine if the emergency medical treatment provided was done timely. There were no instances of inmates being treated offsite, following an allegation of sexual abuse, in the audit period. An inmate who made an allegation of sexual harassment said he was offered services by PSU.

A final analysis of the evidence indicates that the facility is in substantial compliance with the standard.

115.82 (b)
Security staff who were interviewed identified that, as a first responder, they would immediately call a supervisor and health services. Non-security staff randomly chosen for interview, when asked this question, said that they would call Security right away. They also said they would separate victim and perpetrator and ensure safety of the victim and call HSU immediately if the victim appeared to be injured. All of the random staff interviewed knew to separate victim and perpetrator, if known, inform a supervisor, and contact medical staff immediately.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.82 ©

	The facility indicated, in their response to the PAQ, that inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where appropriate. ED 72 requires, in Section XVI, B, 3, (p. 14), that the DOC's medical response shall include the timely dissemination of information and access to emergency contraception and sexually transmitted infections prophylaxis." The HSU Supervisor confirmed this in an interview. Two inmates who reported a sexual abuse said they did not need medical treatment or access to emergency contraception and sexually transmitted infections prophylaxis. A final analysis of the evidence indicates that the facility is in substantial compliance with the provision. 115. 82 (d) The facility indicated, in their response to the PAQ, that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. ED 72, says, in Section, XVI, B, 2, (p.14) that all medical and mental health treatment services shall be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with an investigation arising out of the incident, and in a manner consistent with the community level of care. DAI Policy: #316.00.01 has an attachment identified as a Copayment Table. The table identifies as treatment that does not require a copay, a written referral from a PREA Risk Assessment Screener and crisis intervention evaluation and treatment related to sexual abuse in confinement. Medical Health staff who were interviewed confirmed that treatment services are provided without financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. An inmate who reported a sexual abuse said he did not have to pay for any treatment and the other one said he did not need any treatment. A final analysis of the evidence indicates that the facility is in substantial compliance with the provision. Corrective Action: A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (policies, directives, forms, files, records, etc.) a. Pre-Audit Questionnaire b Wisconsin Department of Correction Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016 c. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 500.30.19 Sexual Abuse – Health Services Unit Procedure in the Event of Sexual Abuse d. Wisconsin Department of Corrections Division of Adult Institutions Policy #:500.70.01 Mental Health Screening, Assessment and Referral, effective date 07/15/2017 2. Interviews a. Medical and Mental Health Staff b. Inmates Who Reported a Sexual Abuse1924 Findings (By Provision): 115.83 - a and b The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the facility offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), says, in Section XVI, B, 6, (p. 15), “the facility shall offer medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any confinement setting. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities or their release from custody.” The Health Services Unit (HSU) Supervisor was interviewed and said she would ask basic questions, gather data, and assess the patient. The Psychological Services Unit (PSU) Supervisor said PSU staff would want to make a safety assessment, see what kind of symptoms the victim is having to tailor treatment to their symptoms and making sure the victim is seen multiple times for appropriate follow-up. One inmate who reported a sexual abuse, who was interviewed, said that he received mental health services

from PSU, including follow-up services.

A final analysis indicates that the facility is in substantial compliance with the provision.

115.83 - ©
When asked if medical and mental health services offered are consistent with community level of care, the HSU Supervisor said that they are. The PSU supervisor also said that they are and that inmates have quicker access to the services than people in the community have.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.83 – (d) – 1
The facility indicated, in their response to the PAQ, that female victims of sexual abuse vaginal penetration while incarcerated are offered pregnancy tests. Neither of the inmates who reported a sexual abuse, who were interviewed, required a pregnancy test.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.83 € - 1
The facility indicated, in their response to the PAQ, that if pregnancy results from sexual abuse while incarcerat3ed, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. Wisconsin Department of Corrections Division of Adult Institutions Policy :# 500.30.09 says, in section III, paragraph A, (p.3), “pregnant patients shall be given counseling and assistance whether they elect to keep the child, use adoption services or decide to terminate the pregnancy.”

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.83 – (f) - 1
The facility indicated, in their response to the PAQ, that inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.
ED 72, says, in Section XVI, B, 7, (p. 15), that victims of sexual abuse shall be offered tests for sexually transmitted infections. Two inmates who reported a sexual abuse, and were interviewed, said that they were not in need of tests for sexually transmitted infections.

	A final analysis of the evidence indicates that the facility is in substantial compliance with the provision. 115. 83 – (g) The facility indicated, in their response to the PAQ, that treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. ED 72, says, in Section, XVI, B, 2, (p.14) that all medical and mental health treatment services shall be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with an investigation arising out of the incident, and in a manner consistent with the community level of care. Division of Adult Institutions (DAI) Policy: #316.00.01 has an attachment identified as a Copayment Table. The table identifies as treatment that does not require a copay, a written referral from a PREA Risk Assessment Screener and crisis intervention evaluation and treatment related to sexual abuse in confinement. Medical Health staff who were interviewed confirmed that treatment services are offered to victims without financial cost regardless of the circumstances. The inmate who received mental health services confirmed that there was not cost for the services. A final analysis of the evidence indicates that the facility is in substantial compliance with the provision. 115.83 (h) - 1 The facility indicated, in their response to the PAQ, that the facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. ED 72, says, in Section XVI, B, 8 (p. 15,) that facilities shall attempt to conduct a mental health evaluation of all known offender-on-offender abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. The PSU Supervisor confirmed that her department would attempt to conduct a mental health evaluation of all known offender-on-offender abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. A final analysis of the evidence indicates that the facility is in substantial compliance with the provision. Corrective Action: A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (policies, directives, forms, files, records, etc.) a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 300.00.70 Assaults by Inmate, Reporting and Tracking, effective date 05/15/2020 c. Wisconsin Department of Corrections Division of Adult Institutions Policy #: 410.50.01 Sexual Abuse Incident Review, effective date 04/12/2021 d. Form DOC-2863, Revised 10/2020, Sexual Abuse Incident Review (SAIR) Form – PREA (Blank) e. Sexual Abuse Incident Review examples (4) f. Wisconsin Department of Corrections Division of Adult Institutions Policy #”500.70.01 Mental Health Screening, Assessment and Referral, effective date 07/15/2017 2. Interviews a. Warden or Designee b. PREA Compliance Manager c. Incident Review Team Findings (By Provision): 115.86 (a) – 1 and 2 The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the facility conducts a Sexual Abuse Incident Review (SAIR) at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), in Section XX, A, (p. 18), says that the facility must conduct a review, within 30 days of the conclusion of every sexual abuse investigation unless the allegation was determined to be unfounded. Division of Adult Institutions (DAI) Policy: #410.50.01 also requires that, “. . . facilities conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation where the allegation was substantiated or unsubstantiated.” The facility submitted DOC-2863 Sexual Abuse Incident Review (SAIR) Form where information from SAIRs conducted is documented.

	The facility reports that the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility in the past 12 months, excluding only "unfounded" incidents is four. The facility received five allegations of sexual abuse, in the audit period, and four of the investigations were concluded at the time of the onsite portion of the audit. One was ongoing. The facility submitted copies, on the PAQ, of all four of the SAIRs that were conducted during the audit period. A final analysis of the evidence indicates that the facility is in substantial compliance with the provision. 115.86 (b) – 1 and 2 The facility indicated, in the response to the PAQ, that the facility conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. ED 72, in Section XX, (p. 18), requires all facilities to conduct a review within 30 days of the conclusion of every sexual abuse investigation unless the allegation was determined to be unfounded. The facility reports that the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days is four, and they submitted the documentation from all four SAIRs on the PAQ Auditor's review of the documentation submitted on the PAQ revealed that three of the SAIRs were conducted within 30 days of the conclusion of the criminal or administrative sexual abuse investigation and one was outside of the 30-day period. A final analysis of the evidence indicates that the facility is in substantial compliance with the provision. 115.86 © The facility indicated, in their response to the PAQ, that the SAIR team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. ED 72, in Section XX, A, (p. 18), says that the review must be conducted by a team that consists of upper-level management officials with input from supervisors, investigators, and medical and mental health staff. Auditor's review of the SAIR documentation included on the PAQ showed that the Deputy Warden, the Security Director, both Mental and Medical Health Care staff, the facility PREA Compliance Manager, Victim Services Coordinators, typically comprise the review teams. The warden said SAIRs are typically overseen by the Deputy Warden who includes the facility PREA Compliance Manager and other staff in the review. A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.86 (d)
The facility indicated, in their response to the PAQ, that the facility prepares a report of its findings from sexual abuse incident reviews including, but not necessarily limited to, determinations made pursuant to paragraphs (d)(1) -(d)(5) of this section and any recommendations for improvement and submits such report to the facility head and PCM. ED 72, in Section XX, A, (p. 18), requires the review team to:
a. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse,
b. Consider whether the incident or allegation was motivated by race, ethnicity, gender identify, LGBTI identification, status or perceived status, gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility,
c. Examine the area in the facility where the incident alleged occurred to assess whether physical barrier in the area may enable abuse,
d. Assess the adequacy of staffing levels in that area during different shifts,
e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by employees, and
f. Prepare a report of its findings, including but not limited to, determinations made in the above items, and any recommendations for improvement and submit the report to the facility head and facility PCM.

When asked how the team uses the information from the sexual abuse incident review, the Warden said, “we look at the incident and the findings and determine if there are areas where we can make improvement. If we can, we do.” He also verified that all of the items listed in a through f are included on the form used to document the SAIR. Auditor also noted that all of these items are taken into consideration and that is documented. The facility PREA Compliance Manager said, “if any corrective action is taken, we document any modifications that are made. We look at policy and procedures that need to be reviewed.” An incident review team member who was interviewed said, “we look at any area where we can make changes, physical blind spots, staffing levels, and anything that could possibly need to be changed.”

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.86 €
The facility indicated, in their response to the PAQ, that the facility implements the recommendations for improvement or documents its reasons for not doing so. Agency policy, ED 72, requires, in Section XX, B, (p.19), the agency shall implement the recommendations for improvement, or shall document its reasons for not doing so. Regarding changes made based on SAIRs, the Warden said that needed changes will be made if needed. A recommendation made in one of the reviews was that an inmate who scores as a potential victim, on the PREA screening, not be housed in a dorm style setting. The facility was unable to make a change, based on this recommendation, as the inmate had been discharged prior to the SAIR being

	conducted. The facility also pointed out that the practice, at MSDF, is to not house potential victims in a dorm setting but that this particular inmate had been housed there due to temporary changes that were made during the pandemic and the need to be able to quarantine inmates who had been exposed to Covid-19. The recommendation, for this inmate, is documented in SINC and will be available, at any Wisconsin Department of Corrections facility, should this person ever return to the custody of the Wisconsin Department of Corrections. A final analysis of the evidence indicates that the facility is in substantial compliance with the provision. Corrective Action: A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (policies, directives, forms, files, records, etc.) a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Executive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016 c. United States Department of Justice Survey of Sexual Victimization, 2017, State Prison Systems Summary Form d. United States Department of Justice Survey of Sexual Victimization, 2018, State Prison Systems Summary Form d. United States Department of Justice Survey of Sexual Victimization, 2019, State Prison Systems Summary Form e. United States Department of Justice Survey of Sexual Victimization, 2020, State Prison Systems Summary Form Findings (By Provision): 115.87 (a) The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), in Section XXI, A, (p. 18), requires the collection of accurate, uniform data from incident-based documents such as reports, investigation files, and sexual abuse incident reviews, for every allegation of sexual abuse within facilities, including facilities with which the agency contracts for the confinement of offenders, using a standardized instrument and set of definitions. The Agency PREA Director said, in an interview conducted onsite, “all of our investigations are documented electronically, housed in a data base called Sensitive Information Network Communication (SINC). We extract information from those investigations to complete Surveys of Sexual Victimization (SSV), every year, and we transmit that to the Department of Justice (DOJ) through their website or their portal. We complete an annual report every year that does not include identifying information, and the annual report is published on our website.” Auditor reviewed the annual report for 2021 on the agency website. A final analysis of the evidence indicates that the facility is in substantial compliance

with the provision.

115.87 (b)
The facility indicated, in response to the PAQ, that the agency aggregates the incident-based sexual abuse data at least annually. ED 72, requires, in Section XXI, A, (p.18), the data to be aggregated annually. Auditor's review of the agency website verified that the data is aggregated annually. The facility submitted yearly information for 2017, 2018, 2019 and 2020 on the PAQ, and Auditor reviewed the agency website and found required documentation there as well.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.87 ©
The facility indicated, in their response to the PAQ, that the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the SSV conducted by the DOJ. Agency Policy, Executive Directive 72, also requires that the extracted data, at minimum, include the information to answer all questions from the most recent version of the DOJ Survey of Sexual Victimization.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.87 (d)
The facility indicated, in their response to the PAQ, that the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The agency collects data via the agency wide SINC database. The Agency PREA Director identified that the SINC database serves as the agency's standardized instrument for collecting accurate and uniform allegation data. Auditor's review of the agency's most recent SSV 2020 submission noted that the data collected via SINC provided the information necessary to complete the SSV.

A final analysis of the evidence indicates that the facility is in substantial compliance with the provision.

115.87 €
The facility indicated, in their response to the PAQ, that the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates and that the data from private facilities complies with SSV reporting regarding content. Auditor reviewed the agency website and noted that a

	document entitled, Sexual Abuse and Sexual Harassment (PREA) Reporting Process identifies, in item No. 7, that contracted agencies are required to report all administrative investigation results using the PREA Investigation Closeout Form (DOC-2785) and the completed DOC-2785 form is to be submitted via email to the PREA Office. In addition, a YouTube video is available, on the agency website, which gives an overview of contractor reporting responsibilities. In the video, the contracted agencies are informed that they must complete the Bureau of Justice Statistics Annual Survey of Sexual Victimization (SSV) and forward copies of incident-based and aggregate forms via email to the Agency PREA Office timely. Auditor also reviewed the agency's 2020 annual PREA Report, on the website, and noted that the report contains sexual abuse and sexual harassment data from agencies the Wisconsin Department of Corrections contracts with for the confinement of offenders. A final analysis of the evidence indicates that the facility is in substantial compliance with the provision. 115.87 (f) The facility indicated, in their response to the PAQ, that the agency provided the DOJ, with data from the previous calendar year upon request. In an interview, the Agency PREA Director said that the information is presented to the DOJ on their website or portal. A final analysis of the evidence indicates that the facility is in substantial compliance with the provision. Corrective Action: A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (policies, directives, forms, files, records, etc.) a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Prison Rape Elimination Act Annual Reports for 2018, 2019, and 2020 c. Wisconsin Department of Corrections agency website excerpt 2. Interviews a. Agency Head b. PREA Coordinator c. PREA Compliance Manager Findings (By Provision): 115.88 (a) The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency reviews data collected and aggregated pursuant to Standard 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: a. identifying problem areas: b. Taking corrective action on an ongoing basis: and c. Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), in Section XXI, A, 2, (p.19),states, in part, "The data collected and aggregated shall be analyzed to assess and improve effectiveness of the DOC's sexual abuse prevention, detection and response policies, practices and training by identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for each facility as well as the DOC as a whole." The agency does aggregate incident-based sexual abuse data at least annually. Annual reports are published online and can be found on the agency website. The agency head said, in an interview conducted via telephone during the post-onsite phase of the audit, "after each incident, facilities convene Sexual Abuse Incident Review Teams of facility leadership, supervisors, medical and mental health staff, Victim Service Coordinators, and investigators and review for potential policy, procedure, or physical plant change. Our PREA office collects data

and prepares the SSV, and we review that to take corrective action." The Agency PREA Coordinator said, “Our office reviews every PREA investigation, and the facilities conduct a SAIR, and we review at the end of the year to report on data trends and attempts to analyze if there is a fluctuation.” She also said, “we prepare an annual report including agency and facility level data, facility specific corrective actions they have made or new initiatives that they have implemented to enhance practice. I keep a running list, by month, of everything we have done, as an agency, and that helps to inform those running reports every year.”

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.88 (b)
The facility indicated, in their response to the PAQ, that the annual report includes a comparison of the current year’s data and corrective actions with those from prior years. ED 72, in Section XXI, A, 2, (p. 19), requires that the report include a comparison of the current year’s data and corrective actions with those from previous years and shall provide an assessment of the DOC’s progress in addressing sexual abuse. The 2021 Annual Report, on page 7, provides data that compares the total number of sexual abuse and sexual harassment allegations, by disposition and division, from 2020 to 2021. The facility indicated, in their response to the PAQ, that the annual report provides an assessment of the agency’s progress in addressing sexual abuse. Page 5 outlines achievements made, by the agency, during the 2021 year. Among them are updated inmate education materials, trained investigators, published bi-annual PREA PAGE newsletter, created or modified various Division of Adult Institution policies as they relate to PREA, conducted compliance monitoring of county jails serving in a contracted capacity, and submitted a Governor’s PREA assurance for Audit Cycle III, Year II. Also listed are facility accomplishments and corrective action realized during the year 2021. Among those are modified physical plant, i.e., windows, mirrored bubbles, office/bathroom structures, for greater visibility, adapted shower rooms for greater privacy between inmates and to prevent cross-gender staff viewing, modified staffing patterns, traffic patterns, and movement schedules, and provided first responder refresher training and resources. The report also highlights that the pandemic presented many challenges to facilities and modifications to meet those challenges were often required. It says that, at some facilities, the manner in which PREA standard compliance had to be shifted at times, it remained a priority throughout.

A final analysis of the evidence indicates that the facility is in substantial compliance with this provision.

115.88 © - 1, 2 and 3
The facility indicated, in its response to the PAQ, that the agency makes its annual report readily available to the public at least annually through its website. Auditor reviewed the 2021 annual report on the agency website. The facility indicated, in its

	response to the PAQ, that the annual reports are approved by the agency head. The annual report bears the signature of Kevin A. Carr, Secretary, Wisconsin Department of Corrections. A final analysis of the evidence indicates that the facility is in substantial compliance with this provision. 115.88 (d) – 1 and 2 The facility indicated, it its response to the PAQ, that when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility and that the agency indicates the nature of material redacted. Agency policy, ED 72, in Section XXI, A, 2, (p. 19), says that the DOC may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted. However, the PREA Director said, in an interview conducted onsite, that the agency does not print information in annual reports that would present a clear and specific threat to the security of the facility and, thus, does not redact information from the annual report. The agency PREA director said that they do not include any inmate information, just totals and qualitative information, so they do not redact any information from annual reports. A final analysis of the evidence indicates that the facility is in substantial compliance with this provision. Corrective Action: A final analysis of the evidence indicates that the facility is substantiality compliant with the standard. There is no corrective action to take.

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (policies, directives, forms, files, records, etc.) a. Pre-Audit Questionnaire b. Wisconsin Department of Corrections Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA), effective date 01/11/2016 2. Interviews a. PREA Coordinator Findings (By Provision): 115.89 (a) The facility indicated, in their response to the Pre-Audit Questionnaire (PAQ), that the agency ensures that incident-based and aggregate data are securely retained. Executive Directive 72 Sexual Abuse and Sexual Harassment in Confinement (PREA) (ED 72), in Section XXI, A, 3, (p. 19), states, “All data shall be securely retained and maintained for at least 10 years after the date of the initial collection.” The agency PREA Director said, in an interview conducted via during the onsite phase of the audit, “all of our investigations are documented electronically, housed in a data base called Sensitive Information Network Communication (SINC), which has protections and controls, and is role based so our office oversees who has access to that data base and depending on your role or need to know, your access is expanded or restricted. We extract information from those investigations to complete the SSV and we transmit that to the Department of Justice (DOJ) through their website or their portal. We complete an annual report every year that does not include identifying information. The annual report is also published on our website.” Auditor reviewed the 2021 annual report on the agency’s website. A final analysis of the evidence indicates that the facility is in substantial compliance with the provision. 115.89 (b) The facility indicated, in their response to the PAQ, that agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least

	annually through its website. ED 72, in Section XXI, A, 2, (p. 19) requires that corrective action reports be posted publicly to the agency's website. It also says that the agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted. Annual reports are published and available for review through the agency website. Auditor reviewed the Wisconsin Department of Corrections, Prison Rape Elimination Act Annual Report for 2021 and verified that it does reflect aggregated sexual abuse data from facilities under its direct control and facilities with which it contracts. A final analysis of the evidence indicates that the facility is in substantial compliance with the provision. 115.89 © - 1 The facility indicated, in their response to the PAQ, that before making aggregated sexual abuse data publicly, the agency removes all personal identifiers. ED 72, in Section XXI, A, 1, (p. 19), says that data must be aggregated annually, reported to the US DOJ with personal identifiers removed, and posted publicly to the agency's website. The agency PREA Director reported, and a review of annual reports on the agency web site verified, that there is no personally identifiable information, or sensitive information, contained within the annual report. A final analysis of the evidence indicates that the facility is in substantial compliance with the provision. 115.89 © - 2 The facility indicated, in their response to the PAQ, that the agency maintains sexual abuse data collected pursuant to Standard 115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise. ED 72 says, in Section XXI, A, 3, (p. 19), that all data must be securely retained and maintained for at least 10 years after the date of the initial collection. A review of the agency website shows that data from annual reports is available, for the years 2010 through 2021, for viewing on the website. A final analysis of the evidence indicates that the facility is in substantial compliance with the provision. Corrective Action: A final analysis of the evidence indicates that the facility is substantially compliant with the standard. There is no corrective action to take.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.401 (a) A review of the agency website revealed that, during the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency did ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once. Auditor determined, from review of the website, that one third of facilities were audited each year. Auditor also reviewed monitoring documentation for county jails that the state agency contracts with for housing some of its offenders. That documentation, from the 12 contracted agencies, revealed that all of the agencies have undergone a PREA audit, in the past 3 years, or were scheduled for an audit in the third year of the third cycle, 2022. A final analysis of the evidence indicates that the facility is in substantial compliance with this provision. 115.410 (b) The is the first year of the current cycle. The current cycle runs from August 19, 2022, until August 18, 2025. Auditor reviewed reports published on the agency web site and determined that at least two thirds of the agency's facilities were audited in the previous cycle. Auditor also reviewed monitoring documentation from the 12 county jails that the agency contracts with for the confinement of inmates. Of the 12, eight had PREA audits conducted within the past audit cycle and four had audits scheduled in 2022, prior to the end of the cycle. A final analysis of the evidence indicates that the facility is in substantial compliance with this provision. 115.401 (h) Auditor was granted access to, and had the ability to observe, all areas of the facility. A final analysis of the evidence indicates that the facility is in substantial compliance with this provision. 115.401 (I) The auditor was permitted to request and receive copies of any relevant documents including electronically stored information. Auditor requested training documentation for both staff and inmates, inmate orientation documentation, volunteer training documentation, copies of risk screens, copies of contracts with

	county jails, monitoring documentation for county jails, copies of investigations conducted at the facility, and other documentation needed to carry out the audit. A final analysis of the evidence indicates that the facility is in substantial compliance with this provision. 115.401(m) The auditor was permitted to conduct private interviews with inmates, residents and detainees. The facility does not house residents or detainees, but staff provided private a setting for interviews of both staff and inmates. A final analysis of the evidence indicates that the facility is in substantial compliance with this provision. 115.401 (n) Inmates were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. At least six weeks prior to the date of the onsite portion of the audit, Auditor provided audit notice postings and asked that they be posted in the facility, in various places, where inmates could easily see and read them. Auditor requested that the notices be posted on pink paper so that they were readily noticeable. On those postings was the address of the lead auditor and information telling inmates that they could write a letter to the auditor if they so desired. Audit notices included a confidentiality statement indicating that outgoing mail to the auditor would be treated as legal mail. No letters were received from this facility. A final analysis of the evidence indicates that the facility is in substantial compliance with this provision. Corrective Action: A final analysis of the evidence indicates that the facility is substantially compliant with this standard. There is no corrective action to take.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Findings (By Provision): 115.403 (f). The agency’s website has a page dedicated to PREA-related information, including policies and procedures; how to report allegations; audit schedules; annual reports, and final audit reports. The preceding final PREA audit report for the Milwaukee Secure Detention Center, date 02/27/2019, is posted on the agency’s public website. An interview with the PREA Coordinator confirmed that within 90 days of receiving a final audit report it is posted to the website. Corrective Action: A final analysis of the evidence indicates the facility is substantially compliant with this standard. There is no corrective action to take.

Appendix: Provision Findings		
115.11 (a)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.12 (a)	**Contracting with other entities for the confinement of inmates**	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes

115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes

115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?	yes
	In calculating adequate staffing levels and determining the need	yes

	for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	**Supervision and monitoring**	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	**Supervision and monitoring**	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	**Supervision and monitoring**	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	**Youthful inmates**	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	**Youthful inmates**	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	**Youthful inmates**	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes

115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
115.15 (c)	**Limits to cross-gender viewing and searches**	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes
115.15 (d)	**Limits to cross-gender viewing and searches**	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes

115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	**Inmates with disabilities and inmates who are limited English proficient**	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	**Inmates with disabilities and inmates who are limited English proficient**	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes

115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	**Hiring and promotion decisions**	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes

115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	**Hiring and promotion decisions**	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e)	**Hiring and promotion decisions**	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	**Hiring and promotion decisions**	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	**Hiring and promotion decisions**	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

115.17 (h)	**Hiring and promotion decisions**	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	**Upgrades to facilities and technologies**	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	**Upgrades to facilities and technologies**	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.21 (a)	**Evidence protocol and forensic medical examinations**	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/ Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	**Evidence protocol and forensic medical examinations**	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	**Evidence protocol and forensic medical examinations**	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.21 (e)	**Evidence protocol and forensic medical examinations**	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	**Evidence protocol and forensic medical examinations**	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.21 (h)	**Evidence protocol and forensic medical examinations**	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a)	**Employee training**	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes

115.31 (b)	**Employee training**	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	**Employee training**	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	**Employee training**	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	**Volunteer and contractor training**	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	**Volunteer and contractor training**	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	**Volunteer and contractor training**	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	**Inmate education**	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	**Inmate education**	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate’s new facility differ from those of the previous facility?	yes
115.33 (d)	**Inmate education**	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes

115.33 (e)	**Inmate education**	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	**Inmate education**	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	**Specialized training: Investigations**	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	**Specialized training: Investigations**	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.34 (c)	**Specialized training: Investigations**	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	**Specialized training: Medical and mental health care**	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (b)	**Specialized training: Medical and mental health care**	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes

115.35 (c)	**Specialized training: Medical and mental health care**	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	**Specialized training: Medical and mental health care**	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	**Screening for risk of victimization and abusiveness**	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	**Screening for risk of victimization and abusiveness**	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	**Screening for risk of victimization and abusiveness**	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate’s criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener’s perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate’s own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes

115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	**Screening for risk of victimization and abusiveness**	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.41 (g)	**Screening for risk of victimization and abusiveness**	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	**Screening for risk of victimization and abusiveness**	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	**Screening for risk of victimization and abusiveness**	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes

115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	**Use of screening information**	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	**Use of screening information**	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate’s health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate’s health and safety, and whether a placement would present management or security problems?	yes

115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	**Use of screening information**	
	Are each transgender or intersex inmate’s own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	**Use of screening information**	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	**Use of screening information**	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	yes

115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	**Protective Custody**	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na

115.43 (c)	**Protective Custody**	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	**Protective Custody**	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e)	**Protective Custody**	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a)	**Inmate reporting**	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.51 (b)	**Inmate reporting**	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	no
115.51 (c)	**Inmate reporting**	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	**Inmate reporting**	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	**Exhaustion of administrative remedies**	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes

115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	**Exhaustion of administrative remedies**	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.52 (d)	**Exhaustion of administrative remedies**	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate’s decision? (N/A if agency is exempt from this standard.)	yes

115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency’s determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency’s action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency’s final decision document the agency’s action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	**Exhaustion of administrative remedies**	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.53 (a)	**Inmate access to outside confidential support services**	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	**Inmate access to outside confidential support services**	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	**Inmate access to outside confidential support services**	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	**Third-party reporting**	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes

115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.61 (b)	**Staff and agency reporting duties**	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (c)	**Staff and agency reporting duties**	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	**Staff and agency reporting duties**	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	**Staff and agency reporting duties**	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators?	yes

115.62 (a)	**Agency protection duties**	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	**Reporting to other confinement facilities**	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	**Reporting to other confinement facilities**	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	**Reporting to other confinement facilities**	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	**Reporting to other confinement facilities**	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.64 (a)	**Staff first responder duties**	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	**Staff first responder duties**	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	**Coordinated response**	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

115.66 (a)	**Preservation of ability to protect inmates from contact with abusers**	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	**Agency protection against retaliation**	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	**Agency protection against retaliation**	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

115.67 (d)	**Agency protection against retaliation**	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	**Agency protection against retaliation**	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	**Post-allegation protective custody**	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	**Criminal and administrative agency investigations**	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/ facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (b)	**Criminal and administrative agency investigations**	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	**Criminal and administrative agency investigations**	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

115.71 (d)	**Criminal and administrative agency investigations**	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	**Criminal and administrative agency investigations**	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual’s status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	**Criminal and administrative agency investigations**	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	**Criminal and administrative agency investigations**	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	**Criminal and administrative agency investigations**	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	**Criminal and administrative agency investigations**	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes

115.71 (j)	**Criminal and administrative agency investigations**	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	**Criminal and administrative agency investigations**	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.72 (a)	**Evidentiary standard for administrative investigations**	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	**Reporting to inmates**	
	Following an investigation into an inmate’s allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.73 (b)	**Reporting to inmates**	
	If the agency did not conduct the investigation into an inmate’s allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes

115.73 (c)	Reporting to inmates	
	Following an inmate’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate’s unit?	yes
	Following an inmate’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	**Reporting to inmates**	
	Following an inmate’s allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate’s allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (e)	**Reporting to inmates**	
	Does the agency document all such notifications or attempted notifications?	yes

115.76 (a)	**Disciplinary sanctions for staff**	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	**Disciplinary sanctions for staff**	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	**Disciplinary sanctions for staff**	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	**Disciplinary sanctions for staff**	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	**Corrective action for contractors and volunteers**	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	**Corrective action for contractors and volunteers**	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes

115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	**Disciplinary sanctions for inmates**	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	**Disciplinary sanctions for inmates**	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	**Disciplinary sanctions for inmates**	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	**Disciplinary sanctions for inmates**	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	**Disciplinary sanctions for inmates**	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.78 (g)	**Disciplinary sanctions for inmates**	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes

115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	**Medical and mental health screenings; history of sexual abuse**	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	**Medical and mental health screenings; history of sexual abuse**	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
115.81 (d)	**Medical and mental health screenings; history of sexual abuse**	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	**Medical and mental health screenings; history of sexual abuse**	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes

115.82 (a)	**Access to emergency medical and mental health services**	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	**Access to emergency medical and mental health services**	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	**Access to emergency medical and mental health services**	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	**Access to emergency medical and mental health services**	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes

115.83 (c)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (e)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (f)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.83 (h)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes
115.86 (a)	**Sexual abuse incident reviews**	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.86 (b)	**Sexual abuse incident reviews**	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	**Sexual abuse incident reviews**	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.86 (d)	**Sexual abuse incident reviews**	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	**Sexual abuse incident reviews**	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	**Data collection**	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	**Data collection**	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	**Data collection**	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

115.87 (d)	**Data collection**	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	**Data collection**	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	**Data collection**	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.88 (a)	**Data review for corrective action**	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.88 (b)	**Data review for corrective action**	
	Does the agency’s annual report include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the agency’s progress in addressing sexual abuse?	yes
115.88 (c)	**Data review for corrective action**	
	Is the agency’s annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes

115.88 (d)	**Data review for corrective action**	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	**Data storage, publication, and destruction**	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	**Data storage, publication, and destruction**	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	**Data storage, publication, and destruction**	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	**Data storage, publication, and destruction**	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	**Frequency and scope of audits**	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

115.401 (b)	**Frequency and scope of audits**	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	**Frequency and scope of audits**	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	**Frequency and scope of audits**	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	**Frequency and scope of audits**	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	**Frequency and scope of audits**	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes

115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes